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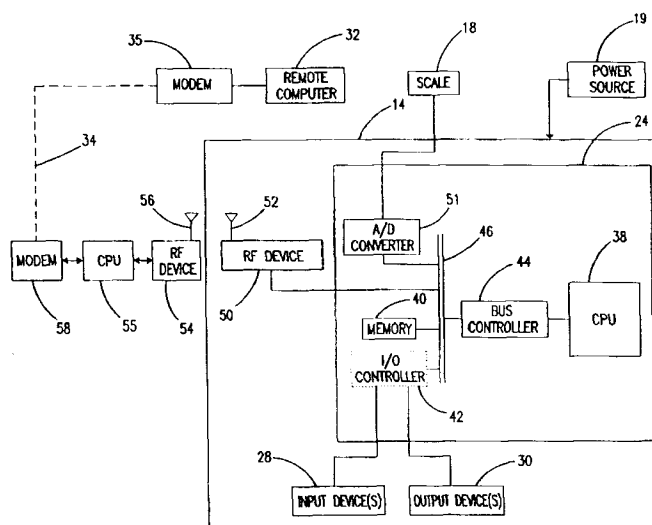
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(54) Title: MONITORING AND COMMUNICATING WELLNESS PARAMETERS OF PATIENTS



(57) Abstract: The monitoring device (10) incorporates transducing devices for converting the desired measured parameters into electrical signals capable of being processed by a local computer (55) or microprocessor system. The device receives a set of customized questions for presentation to an ambulatory patient. The device interacts (28, 30) with the ambulatory patient and then, via a modem (58) or other electronic communication device, transmits the measured parameters and answers to the customized questions to a computer (32) located at a remote site. At the remote location, the various indicia of the ambulatory patient's condition are monitored and analyzed by the medical professional caregiver. To provide the ambulatory patient with an added level of convenience and ease of use, such monitoring device is contained in a single integrated package.

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For two-letter codes and other abbreviations, refer to the "Guidance Notes on Codes and Abbreviations" appearing at the beginning of each regular issue of the PCT Gazette.

MONITORING AND COMMUNICATING WELLNESS PARAMETERS OF PATIENTS

5 This application is being filed as a PCT international patent application in the name of CARDIOCOM, a U.S. national corporation, on 06 September 2002, designating all countries except the United States of America.

Background

10 There is a need in the medical profession for an apparatus and method capable of monitoring and transmitting physiological and wellness parameters of ambulatory patients to a remote site where a medical professional caregiver evaluates such physiological and wellness parameters. Specifically, there is a need for an interactive apparatus that is coupled to a remote computer such that a medical
15 professional caregiver can supervise and provide medical treatment to remotely located ambulatory patients.

 There is needed an apparatus that monitors and transmits physiological and wellness parameters of ambulatory patients to a remote computer, whereby a medical professional caregiver evaluates the information and provokes better overall
20 health care and treatment for the patient. Accordingly, such an apparatus can be used to prevent unnecessary hospitalizations of such ambulatory patients.

 Also, there is needed an apparatus for monitoring and transmitting such physiological and wellness parameters that is easy to use and that is integrated into a single unit. For example, there is a need for an ambulatory patient monitoring
25 apparatus that comprises: a transducing device for providing electronic signals representative of measured physiological parameters, such as weight; an input/output device; and a communication device as a single integrated unit that offers ambulatory patients ease of use, convenience and portability.

 Patients suffering from chronic diseases, such as chronic heart failure, will
30 benefit from such home monitoring apparatus. These patients normally undergo drug therapy and lifestyle changes to manage their medical condition. In these patients, the medical professional caregiver monitors certain wellness parameters and symptoms including: weakness, fatigue, weight gain, edema, dyspnea (difficulty

breathing or shortness of breath), nocturnal cough, orthopnea (inability to lie flat in bed because of shortness of breath), and paroxysmal nocturnal dyspnea (awakening short of breath relieved by sitting or standing); and body weight to measure the response of drug therapy. Patients will also benefit from daily reminders to take
5 medications (improving compliance), reduce sodium intake and perform some type of exercise. With the information received from the monitoring device, the medical professional caregiver can determine the effectiveness of the drug therapy, the patient's condition, whether the patient's condition is improving or whether the patient requires hospitalization or an office consultation to prevent the condition
10 from getting worse.

Accordingly, there is needed an apparatus and method for monitoring the patients from a remote location, thus allowing medical professional caregivers to receive feedback of the patient's condition without having to wait until the patient's next office visit. In addition, there is needed an apparatus and method that allows
15 medical professional caregivers to monitor and manage the patient's condition to prevent the rehospitalization of such patient, or prevent the patient's condition from deteriorating to the point where hospitalization would be required. As such, there are social as well as economic benefits to such an apparatus and method.

The patient receives the benefits of improved health when the professional
20 caregiver is able to monitor and quickly react to any adverse medical conditions of the patient or to any improper responses to medication. Also, society benefits because hospital resources will not be utilized unnecessarily.

As a group, patients suffering from chronic heart failure are the most costly to treat. There are approximately 5 million patients in the U.S.A. and 15 million
25 worldwide with chronic heart failure. The mortality rate of patients over 65 years of age is 50%. Of those that seek medical help and are hospitalized, 50% are rehospitalized within 6 months. Of these, 16% will be rehospitalized twice. The patients that are hospitalized spend an average of 9.1 days in the hospital at a cost of \$12,000.00 for the period. Accordingly, there is a need to reduce the
30 rehospitalization rate of chronic heart failure patients by providing improved in-home patient monitoring, such as frequently monitoring the patient's body weight and adjusting the drug therapy accordingly.

Approximately 60 million American adults ages 20 through 74 are overweight. Obesity is a known risk factor for heart disease, high blood pressure, diabetes, gallbladder disease, arthritis, breathing problems, and some forms of cancer such as breast and colon cancer. Americans spend \$33 billion dollars
5 annually on weight-reduction products and services, including diet foods, products and programs.

There is a need in the weight management profession for an apparatus and method capable of monitoring and transmitting physiological and wellness parameters of overweight/obese patients to a remote site where a weight
10 management professional or nutritionist evaluates such physiological and wellness parameters. Specifically, there is a need for an interactive apparatus that is coupled to a remote computer such that a weight management professional or nutritionist can supervise and provide nutritional guidance to remotely located individuals.

The apparatus allows overweight individuals to participate in a weight
15 loss/management program with accurate weight monitoring from home. The apparatus improves the convenience for the individual participant by eliminating the need to constantly commute to the weight management center and "weigh-in." Furthermore, the individual can participate in a weight management program while under professional supervision from the privacy and comfort of their own home.
20 Moreover, the apparatus allows the weight management professional to intervene and adapt the individuals diet and exercise routine based on the weight and wellness information received.

For the foregoing reasons, there is a need for an apparatus, system and method capable of monitoring and transmitting physiological and wellness
25 parameters of ambulatory patients, such as body weight, to a remote location where a medical professional caregiver, weight management professional or nutritionist can evaluate and respond to the patient's medical wellness condition.

Summary

30 The invention is directed to an apparatus, system and method that satisfies this need. The apparatus having features of the invention is capable of monitoring an ambulatory patient and establishing two way communication to a medical

professional caregiver, weight management professional or nutritionist regarding the wellness parameters of such an ambulatory patient.

The apparatus comprises a physiological parameter transducing device. The device generates an electronic signal that is representative of the value of the physiological parameter being monitored. The apparatus further comprises a central processor device. The central processor device is operatively coupled to the parameter transducing device and processes the electronic signals that are representative of the physiological parameters. The apparatus further comprises an electronic receiver/transmitter communication device. The communication device having one end operatively coupled to the processor and another end operatively coupled to a communication network. The communication device is activated whenever the central processor recognizes a physiological parameter within a predetermined range. The apparatus further comprises an input device. The input device is operatively coupled to said processor and configured to receive external commands. The apparatus further comprises an output device. The output device is coupled to the processor and provides information comprising external commands, physiological symptoms, wellness parameters, and queries from the communication device. All of these devices are integrated into a single unit.

The system having features of the invention monitors an ambulatory patient and establishes communication to a caregiver, regarding the wellness parameters of such an ambulatory patient, between a first location and a remote central office location. The system comprises a monitoring apparatus located at the first location. The monitoring apparatus comprises: (a) a physiological parameter transducing device that generates an electronic signal representative of the value of the physiological parameter being monitored; (b) a central processor device that is operatively coupled to the parameter transducing device for processing the physiological parameter electronic signals; (c) an electronic receiver/transmitter communication device, said communication device having one end operatively coupled to the processor and another end operatively coupled to a communication network that is activated whenever the central processor recognizes a physiological parameter within a predetermined range; (d) an input device that is operatively coupled to the processor and configured to receive external commands; (e) an output

device coupled to the processor that provides information comprising external commands, physiological symptoms, wellness parameters, and queries from the communication device, wherein these devices are integrated into a single unit. The system further comprises a processing computer at a remote central office location
5 that is in communication with the remote monitoring apparatus and exchanges information with the monitoring apparatus.

The method having features of the invention monitors an ambulatory patient and establishes communication to a caregiver regarding the wellness parameters of such an ambulatory patient. The method comprises monitoring a physiological
10 parameter; generating an electronic signal representative of the value of the physiological parameter; in a central processor device, processing the physiological parameter electronic signals; communicating the processed electronic signals between a first location and a remote central location; inputting external commands into the processor; and outputting the information.

15 In one embodiment of the invention, the system permits two-way communication between a central computer and the monitoring apparatus. The central computer and monitoring apparatus are programmed to cooperate in permitting a health care provider to enter a customized question at the central computer. The customized question is transmitted to the monitoring apparatus and
20 is asked to the patient. The patient's answer is recorded and transmitted back to the central computer. Thus, the health care provider is enabled to adaptively question or command the patient.

In yet another embodiment of the invention, the monitoring device is formed as a scale that measures an ambulatory patient's weight. The measurement is
25 repeatable within a range of ± 0.2 pounds, and preferably ± 0.1 pounds.

In yet another embodiment of the invention, the monitoring device is formed as a scale that measures an ambulatory patient's weight. The scale comprises a base, upon which a patient stands in order to weigh himself/herself. Perpendicular to the base is a support member which elevates a housing. The housing may contain an
30 input device, an output device, a processor, and a communication device. The support member is coupled to the base via a hinge, thereby permitting the scale to collapse into a shape easily shipped in a single piece.

In yet another embodiment of the invention, the monitoring device is formed as a scale that measures an ambulatory patient's weight. The scale comprises a base, upon which a patient stands in order to weigh himself/herself. Carpet-spike pads are attached to the bottom of the base to enhance the stability of the scale on carpet-like surfaces.

Brief Description of the Drawings

These and other features, aspects and advantages of the invention will become better understood with regard to the following description, appended claims and accompanying drawings where:

Figs. 1A-E illustrates several embodiments of the monitoring apparatus in accordance with the invention;

Fig. 2 illustrates a monitoring apparatus with a support member in accordance with one embodiment of the invention;

Fig. 3 illustrates a monitoring apparatus with a support member in accordance with one embodiment of the invention;

Fig. 4 is a functional block diagram of a microprocessor system forming an environment in which one embodiment of the invention may be employed;

Fig. 5 is functional block diagram of a microprocessor system forming the environment in which one embodiment of the invention may be employed;

Fig. 6 is a functional block diagram of a microprocessor system forming the environment in which one embodiment of the invention may be employed;

Fig. 7 illustrates a system in which one embodiment of the invention may be employed;

Fig. 8 is a logic flow diagram illustrating the steps utilized to implement one embodiment of the invention;

Fig. 9 illustrates a sectional view of the electronic scale in accordance with one embodiment of the invention; and

Fig. 10 illustrates a top plate of the electronic scale in accordance with one embodiment of the invention.

Fig. 11 illustrates a high-level depiction of a monitoring system utilizing two-way communication, in accordance with one embodiment of the present invention.

FIG. 12 depicts a flow of operation that permits two-way communication
5 between a central computer and a monitoring apparatus.

FIG. 13 depicts another flow of operation that permits two-way communication between a central computer and a monitoring apparatus.

FIG. 14 depicts yet another flow of operation that permits two-way communication between a central computer and a monitoring apparatus.

10 FIG. 15 depicts a flow of operation that permits real-time two-way communication between a central computer and a monitoring apparatus.

FIG. 16 depicts a scheme of asking customized questions and collecting the answers thereto.

FIG. 17 illustrates a graphical user interface that may be used in conjunction
15 with software running on a central computer for the purpose of scheduling questions to be uploaded each day to a monitoring apparatus for questioning of a patient.

FIG. 18 illustrates a graphical user interface that may be used in conjunction with software running on a central computer for presenting a set of trending data.

FIG. 19 depicts a collapsible scale with carpet-spike pads, in accordance with
20 one embodiment of the invention.

Description

The embodiments of the invention described herein are implemented as a medical apparatus, system and method capable of monitoring wellness parameters
25 and physiological data of ambulatory patients and transmitting such parameters and data to a remote location. At the remote location a medical professional caregiver monitors the patient's condition and provides medical treatment as may be necessary.

The monitoring device incorporates transducing devices for converting the desired measured parameters into electrical signals capable of being processed by a
30 local computer or microprocessor system. The device interacts with the ambulatory patient and then, via an electronic communication device such as a modem, transmits the measured parameters to a computer located at a remote site. At the

remote location the various indicia of the ambulatory patient's condition are monitored and analyzed by the medical professional caregiver. To provide the ambulatory patient with an added level of convenience and ease of use, such monitoring device is contained in a single integrated package. Communication is
5 established between the monitoring apparatus and a remote computer via modem and other electronic communication devices that are generally well known commercially available products. At the remote location, the caregiver reviews the patient's condition based on the information communicated (e.g. wellness parameters and physiological data) and provokes medical treatment in accordance with such
10 information.

Referring now to Fig. 1A, as this embodiment of the invention is described herein, an integrated monitoring apparatus is shown generally at 10. The integrated monitoring apparatus 10 includes an electronic scale 18. The electronic scale 18 further includes a top plate 11 and a base plate 12. The integrated monitoring
15 apparatus 10 further includes a housing 14 and a support member 16A. The base plate 12 is connected to the housing 14 through the support member 16A. The housing 14 further includes output device(s) 30 and input device(s) 28. The apparatus 10 is integrated as a single unit with the support member coupling the base plate 12 and the housing 14, thus providing a unit in a one piece construction.

20 It will be appreciated that other physiological transducing devices can be utilized in addition to the electronic scale 18. For example, blood pressure measurement apparatus and electrocardiogram (EKG) measurement apparatus can be utilized with the integrated monitoring apparatus 10 for recordation and/or transmission of blood pressure and EKG measurements to a remote location. It will
25 be appreciated that other monitoring devices of physiological body functions that provide an analog or digital electronic output may be utilized with the monitoring apparatus 10.

Referring to Figs. 1B, 1C, 1D and 1E it will be appreciated that the support member 16A (Fig. 1A) can be made adjustable. For example, Fig. 1B illustrates an
30 embodiment of the invention utilizing a telescoping support member 16B. Likewise, Fig. 1C illustrates an embodiment of the invention utilizing a folding articulated support member 16C. Fig. 1D illustrates yet another embodiment of the invention

utilizing support member 16D that folds at a pivot point 25 located at its base. It will also be appreciated that other types of articulated and folding support members may be utilized in other embodiments of the invention. For example, Fig. 1E illustrates an embodiment of the invention providing a support member 16E that is
5 removably insertable into a socket 23. A cable 22 is passed through the support member 16E to carry electrical signals from the electronic scale 18 to the housing 14 for further processing. A tether 20 is provided to restrain the movement of the support member 16E relative to the base plate 12 once the it is removed from the socket 23.

10 Fig. 2 illustrates an embodiment of the invention where the support member 82 folds about pivot point 84. Folding the integrated monitoring apparatus about pivot point 84 provides a convenient method of shipping, transporting or moving the apparatus in a substantially horizontal orientation. The preferred direction of folding is indicated in the figure, however, the support member 82 can be made to fold in
15 either direction. Furthermore, an embodiment of the invention provides rubber feet 85 underneath the base plate 12.

Furthermore, Fig. 3 illustrates one embodiment of the invention providing an articulated, folding support member 86. The support member 86 folds at two hinged pivot points 88, 90. Also illustrated is a sectional view of the scale 18, top plate 11,
20 base plate 12, load cell 100 and strain gage 102.

Referring now to Fig. 4, a microprocessor system 24 including a CPU 38, a memory 40, an optional input/output (I/O) controller 42 and a bus controller 44 is illustrated. It will be appreciated that the microprocessor system 24 is available in a wide variety of configurations and is based on CPU chips such as the Intel, Motorola
25 or Microchip PIC family of microprocessors or microcontrollers.

It will be appreciated by those skilled in the art that the monitoring apparatus requires an electrical power source 19 to operate. As such, the monitoring apparatus may be powered by: ordinary household A/C line power, DC batteries or rechargeable batteries. Power source 19 provides electrical power to the housing for
30 operating the electronic devices. A power source for operating the electronic scale 18 is generated within the housing, however those skilled in the art will recognize

that a separate power supply may be provided or the power source 19 may be adapted to provide the proper voltage or current for operating the electronic scale 18.

The housing 14 includes a microprocessor system 24, an electronic receiver/transmitter communication device such as a modem 36, an input device 28 and an output device 30. The modem 36 is operatively coupled to the microprocessor system 24 via the electronic bus 46, and to a remote computer 32 via a communication network 34 and modem 35. The communication network 34 being any communication network such as the telephone network, wide area network or Internet. It will be appreciated that the modem 36 is a generally well known commercially available product available in a variety of configurations operating at a variety of BAUD rates. In one embodiment of the invention the modem 36 is asynchronous, operates at 2400 BAUD and is readily available off-the-shelf from companies such as Rockwell or Silicon Systems Inc. (SSI).

It will be appreciated that output device(s) 30 may be interfaced with the microprocessor system 24. These output devices 30 include a visual electronic display device 31 and/or a synthetic speech device 33. Electronic display devices 31 are well known in the art and are available in a variety of technologies such as vacuum fluorescent, liquid crystal or Light Emitting Diode (LED). The patient reads alphanumeric data as it scrolls on the electronic display device 31. Output devices 30 include a synthetic speech output device 33 such as a Chipcorder manufactured by ISD (part No. 4003). Still, other output devices 30 include pacemaker data input devices, drug infusion pumps or transformer coupled transmitters.

It will be appreciated that input device(s) 28 may be interfaced with the microprocessor system 24. In one embodiment of the invention an electronic keypad 29 is provided for the patient to enter responses into the monitoring apparatus. Patient data entered through the electronic keypad 29 may be scrolled on the electronic display 31 or played back on the synthetic speech device 33.

The microprocessor system 24 is operatively coupled to the modem 36, the input device(s) 28 and the output device(s) 30. The electronic scale 18 is operatively coupled to the central system 24. Electronic measurement signals from the electronic scale 18 are processed by the A/D converter 15. This digitized representation of the measured signal is then interfaced to the CPU 38 via the

electronic bus 46 and the bus controller 44. In one embodiment of the invention, the physiological transducing device includes the electronic scale 18. The electronic scale 18 is generally well known and commercially available. The electronic scale 18 may include one or more of the following elements: load cells, pressure
5 transducers, linear variable differential transformers(LVDTs), capacitance coupled sensors, strain gages and semiconductor strain gages. These devices convert the patient's weight into a useable electronic signal that is representative of the patient's weight.

In will be appreciated that Analog-to-Digital (A/D) converters are also
10 generally well known and commercially available in a variety of configurations. Furthermore, an A/D converter 15 may be included within the physiological transducing device or within the microprocessor system 24 or within the housing 14. One skilled in the art would have a variety of design choices in interfacing a transducing device comprising an electronic sensor or transducer with the
15 microprocessor system 24.

The scale 18 may provide an analog or digital electronic signal output depending on the particular type chosen. If the electronic scale 18 provides an analog output signal in response to a weight input, the analog signal is converted to a digital signal via the A/D converter 15. The digital signal is then interfaced with the
20 electronic bus 46 and the CPU 38. If the electronic scale 18 provides a digital output signal in response to a weight input, the digital signal may be interfaced with electronic bus 46 and the CPU 38.

Fig. 5 illustrates one embodiment of the invention where the communication device is a radio frequency (RF) transceiver. The transceiver comprises a first radio
25 frequency device 50 including an antenna 52, and a second radio frequency device 54, including an antenna 56. The first radio frequency device 52 is operatively coupled to the microprocessor system 24 via the electronic bus 46, and is in radio communication with the second radio frequency device 54. The second radio frequency device 54 is operatively coupled through a microprocessor 55 which is
30 operatively coupled to a modem 58. The modem 58 is coupled to the communication network 34 and is in communication with the remote computer 32 via the modem 35. The first radio frequency device 50 and the second radio

frequency device 54 are remotely located, one from the other. It will be appreciated that such radio frequency devices 50, 54 are generally well known and are commercially available products from RF Monolithics Inc. (RFM).

In one embodiment of the invention, such transceivers operate at radio
5 frequencies in the range of 900-2400 MHz. Information from the microprocessor system 24 is encoded and modulated by the first RF device 50 for subsequent transmission to the second RF device 54, located remotely therefrom. The second RF device 54 is coupled to a conventional modem 58 via the microprocessor 55. The modem 58 is coupled to the communication network 34 via a in-house wiring
10 connection and ultimately to the modem 35 coupled to the remote computer 32. Accordingly, information may be transmitted to and from the microprocessor system 24 via the RF devices 50, 54 via a radio wave or radio frequency link, thus providing added portability and flexibility to the monitoring apparatus 10. It will be appreciated that various other communications devices may be utilized such as RS-
15 232 serial communication connections, Internet communications connection as well as satellite communication connections. Other communications devices that operate by transmitting and receiving infra-red (IR) energy can be utilized to provide a wireless communication link between the patient monitoring apparatus 10 and a conveniently located network connection. Furthermore, X-10™ type devices can
20 also be used as part of a communication link between the patient monitoring apparatus 10 and a convenient network connection in the home. X-10 USA and other companies manufacture a variety of devices that transmit/receive data without the need for any special wiring. The devices works by sending signals through the home's regular electrical wires using what is called power line carrier (PLC).

25 Referring now to Fig. 6, one embodiment of the invention wherein a digital electronic scale 21 is provided. Digital weight measurements from the digital electronic scale 21 may be interfaced with the microprocessor system and CPU 38 without requiring additional amplification, signal conditioning and A/D converters.

Referring now to Fig. 7, a two way communication system in accordance
30 with the principals of the present invention is shown. The physiological data of an ambulatory patient is monitored utilizing monitoring apparatus 10 at a local site 58 and is transmitted to a remote computer 32 located at a remote computer site 62 via

communication network 34. At the remote computer site 62 a medical professional caregiver such as a nurse, physician or nurse practitioner monitors the patient data and provokes treatment in accordance with such data.

Operations to perform the preferred embodiment of the invention are shown in Fig. 8. Block 64 illustrates the operation of monitoring or measuring the ambulatory patient's physiological parameter. In one embodiment of the invention, namely for chronic heart failure patients, the physiological parameter monitored is the patient's weight. However, it will be appreciated by those skilled in the art that the physiological parameters may include blood pressure, EKG, temperature, urine output and any other.

Block 66 illustrates the operation of converting a monitored or measured physiological parameter from a mechanical input to an electronic output by utilizing a transducing device. In one embodiment of the invention the transducing device is an electronic scale 18, which converts the patient's weight into a useable electronic signal.

At block 68, the microprocessor system 24 processes the electronic signal representative of the transduced physiological parameter. If the resulting parameter value is within certain preprogrammed limits the microprocessor system 24 initiates communication within the remote computer 32 via the communication device 36 over the communication network 34.

Block 70 illustrates the operation whereby information such as wellness parameters and physiological data are communicated between the monitoring apparatus 10 and the ambulatory patient. An exemplary list of the questions asked to the patient by the monitoring apparatus are provided in Table 5.

Referring now to Figs. 7 and 8, upon establishing communication between the local monitoring apparatus 10, at the local site 58, and the remote computer 32, at remote site 62, block 72 illustrates the operation of communicating or transmitting processed signals representative of physiological data and wellness parameters from the local site 58 to the remote site 62.

Fig. 9 is a sectional view the scale 18 portion of one embodiment of the invention. The scale 18 comprises a top plate 11 and a base plate 12. The top plate 11 and the base plate 12 having a thickness "T". A load cell 100 is disposed

between the top plate 11 and the base plate 12 and rests on support/mounting surfaces 96 and 98.

The load cell 100 is a transducer that responds to a force applied to it. During operation, when a patient steps on the electronic scale 18, the load cell 100
5 responds to a force "F" transmitted through the top plate 11 and a first support/mounting surface 96. The support/mounting surface 96 is contact with a first end on a top side of the load cell 100. A force "F'" that is equal and opposite to "F" is transmitted from the surface that the electronic scale 18 is resting on, through the base plate 12 and a second support/mounting surface 98. The second
10 support/mounting surface 98 is in contact with a second end on a bottom side of the load cell 100. In one embodiment, the load cell 100 is attached to the top plate 11 and the base plate 12, respectively, with bolts that engage threaded holes provided in the load cell 100. In one embodiment the load cell 100 further comprises a strain gage 102.

15 The strain gage 102 made from ultra-thin heat-treated metallic foils. The strain gage 102 changes electrical resistance when it is stressed, e.g. placed in tension or compression. The strain gage 102 is mounted or cemented to the load cell 100 using generally known techniques in the art, for example with specially formulated adhesives, urethanes, epoxies or rubber latex. The positioning of the
20 strain gage 102 will generally have some measurable effect on overall performance of the load cell 100. Furthermore, it will be appreciated by those skilled in the art that additional reference strain gages may be disposed on the load cell where they will not be subjected to stresses or loads for purposes of temperature compensating the strain gage 102 under load. During operation over varying ambient
25 temperatures, signals from the reference strain gages may be added or subtracted to the measurement signal of the strain gage 102 under load to compensate for any adverse effects of ambient temperature on the accuracy of the strain gage 102.

The forces, "F" and "F'", apply stress to the surface on which the strain gage 102 is attached. The weight of the patient applies a load on the top plate 11. Under
30 the load the strain gage(s) 102 mounted to the top of the load cell 100 will be in tension/compression as the load cell bends. As the strain gage 102 is stretched or compressed its resistance changes proportionally to the applied load. The strain

gage 102 is electrically connected such that when an input voltage or current is applied to the strain gage 102, an output current or voltage signal is generated which is proportional to the force applied to the load cell 100. This output signal is then converted to a digital signal by A/D converter 15.

5 The design of the load cell 100 having a first end on a top side attached to the top plate 11 and a second end on a bottom side attached to the base plate 12 provides a structure for stressing the strain gage 102 in a repeatable manner. The structure enables a more accurate and repeatable weight measurement. This weight measurement is repeatable whether the scale 18 rests on a rigid tile floor or on a
10 carpeted floor. Fig. 10 illustrates one embodiment of the top plate 11 that provides four mounting holes 106 for attaching the base plate 12 to one end of the load cell 100. The base plate 12 provides similar holes for attaching to the other end of the load cell 100. The top plate 11 and the base plate 12 (not shown) each comprise a plurality of stiffening ribs 108 that add strength and rigidity to the electronic scale
15 18.

 Table 1 shows multiple comparative weight measurements taken with the electronic scale 18 resting on a tile floor and a carpeted floor without rubber feet on the scale 18. The measurements were taken using the same load cell 100. The thickness "T" of the top plate 11 and supporting ribs was 0.125" except around the
20 load cell, where the thickness of the supporting ribs was 0.250". The thickness of the load cell 100 support/mounting surfaces 96, 98 (Fig. 9) was 0.375". As indicated in Table 1, with the scale 18 resting on a tile floor, the average measured weight was 146.77 lbs., with a standard deviation of 0.11595. Subsequently, with the scale 18 resting on a 0.5" carpet with 0.38" pad underneath and an additional 0.5" rug on top
25 of the carpet, the average measured weight was 146.72 lbs., with a standard deviation of 0.16866.

Table 1

Thick Scale Parts Around Load Cell 0.250"	
TILE (lbs.)	CARPET (lbs.)
146.9	146.7
146.7	147
146.9	146.6
146.8	146.7
146.6	146.6
146.8	147
146.8	146.5
146.7	146.6
146.9	146.8
146.6	146.7
0.11595 (stddev)	0.16866 (stddev)
146.77 (average)	146.72 (average)

Table 2 shows multiple weight measurements taken with the scale 18 on a tile floor and a carpeted floor with rubber feet on the bottom of the scale 18. The measurements were taken using the same load cell 100. The thickness "T" of the top plate 11 was 0.125" including the thickness around the load cell. As indicated in Table 2, with the scale 18 resting on a tile floor on rubber feet, the average measured weight was 146.62 lbs., with a standard deviation of 0.07888. Subsequently, with the scale 18 resting on a 0.5" carpet with 0.38" pad underneath and an additional 0.5" rug on top of the carpet, the average measured weight was 146.62 lbs., with a standard deviation of 0.04216.

Table 2

Thin Scale Parts Throughout 0.125"	
TILE (lbs.)	CARPET (lbs.)
146.7	146.7
146.7	146.7
146.6	146.6
146.6	146.6
146.6	146.6
146.6	146.6
146.5	146.6
146.7	146.6
146.5	146.6
146.7	146.6
0.07888 (stddev)	0.04216 (stddev)
146.62 (average)	146.62 (average)

Table 3 shows multiple weight measurements taken with an off-the-shelf conventional electronic scale. As indicated in table 3, with the off-the-shelf conventional scale resting on the tile floor, the average measured weight was 165.5571 lbs., with a standard deviation of 0.20702. Subsequently, with the off-the-shelf conventional scale resting on a 0.5" carpet with 0.38" pad underneath and an additional 0.5" rug on top of the carpet, the average measured weight was 163.5143 lbs., with a standard deviation of 0.13093.

10

Table 3

Off-The-Shelf Conventional Scale	
TILE (lbs.)	CARPET (lbs.)
165.9	163.5
165.5	163.4
165.8	163.7
165.4	163.6
165.5	163.6
165.4	163.5
165.4	163.3
-----	163.4
0.20702 (stddev)	0.13093 (stddev)
165.5571 (average)	163.5143 (average)
2.042857 (% of difference)	1.249345 (% of difference)

The summary in Table 4 is a comparative illustration of the relative repeatability of each scale while resting either on a tile floor or on a carpeted floor.

5

Table 4

SUMMARY OF DATA:					
Heavy Scale Parts All 0.125" Except Cell Around the Load Cell 0.250"					
TRIAL	TILE	STDDEV	CARPET	STDDEV	TILE VS. CARPET
1	146.77	0.1159	146.72	0.1686	0.05
2	146.67	0.0823	146.72	0.1906	0.05
Thin Scale Parts All 0.125"					
1	146.62	0.0788	146.62	0.04216	0.00
Off-The-Shelf Conventional Scale					
1	165.55	0.207	163.51	0.1309	2.04

The foregoing description was intended to provide a general description of the overall structure of several embodiments of the invention, along with a brief discussion of the specific components of these embodiments of the invention. In
5 operating the apparatus 10, an ambulatory patient utilizes the monitoring apparatus 10 to obtain a measurement of a particular physiological parameter. For example, an ambulatory patient suffering from chronic heart failure will generally be required to monitor his or her weight as part of in-home patient managing system. Accordingly, the patient measures his or her weight by stepping onto the electronic scale 18,
10 integrally located within the base plate 12 of the monitoring apparatus 10.

Referring now to Fig. 4, the modem 36 of the monitoring apparatus 10 will only activate if the measured weight is within a defined range such as +/- 10 lbs, +/- 10% or any selected predetermined value of a previous weight measurement. The patient's previous symptom free weight (dry weight) is stored in the memory 40.
15 The dry weight is the patient's weight whenever diuretics are properly adjusted for the patient, for example. This prevents false activation of the modem 36 if a child, pet, or other person accidentally steps onto the electronic scale 18.

Upon measuring the weight, the microprocessor system 24 determines whether it is within a defined, required range such as +/- 10 lbs. or +/- 10% of a
20 previously recorded weight stored in memory 40. The monitoring apparatus 10 then initiates a call via the modem 36 to the remote site 62. Communications is established between the local monitoring apparatus 10 and the remote computer 32. In one embodiment of the invention, the patient's weight is electronically transferred from the monitoring apparatus 10 at the local site 58 to the remote computer 32 at
25 the remote site 62. At the remote site 62 the computer program compares the patient's weight with the dry weight and wellness information and updates various user screens. The program can also analyze the patient's weight trend over the previous 1-21 days. If significant symptoms and/or excessive weight changes are reported, the system alerts the medical care provider who may provoke a change to
30 the patient's medication dosage, or establish further communication with the patient such as placing a telephone to the patient. The communication between the patient's

location and the remote location may be one way or two way communication depending on the particular situation.

To establish the patient's overall condition, the patient is prompted via the output device(s) 30 to answer questions regarding various wellness parameters. An exemplary list of questions, symptoms monitored and the related numerical score is provided in Table 5 as follows:

TABLE 5

Health Check Score		
Question	Symptom	Value
Above Dry Weight?	Fluid accumulation	10
Are you feeling short of breath?	Dyspnea	10
Did you awaken during the night short of breath?	Paroxysmal nocturnal dyspnea	5
Did you need extra pillows last night?	Congestion in the lungs	5
Are you coughing more than usual?	Congestion in the lungs	3
Are your ankles or feet swollen?	Pedal edema	5
Does your stomach feel bloated?	Stomach edema	3
Do you feel dizzy or lightheaded?	Hypotension	5
Are you more tired than usual?	Fatigue	2
Are you taking your medication?	Medication compliance	7
Has your appetite decreased?	Appetite	2
Are you reducing your salt intake?	Sodium intake	1
Did you exercise today?	Fitness	1

At the remote site 62 the medical professional caregiver evaluates the overall score according to the wellness parameter interrogation responses (as shown in Table 5). For example, if the patient's total score is equal to or greater than 10, an exception is issued and will either prompt an intervention by the medical professional caregiver in administering medication, or prompt taking further action in the medical care of the patient.

The output device(s) 30 varies based on the embodiment of the invention. For example, the output device may be a synthetic speech generator 33. As such, the wellness parameters are communicated to the patient via the electronic synthetic speech generator 33 in the form of audible speech. It will be appreciated that
5 electronic speech synthesizers are generally well known and widely available. The speech synthesizer converts electronic data to an understandable audible speech.

Accordingly, the patient responds by entering either "YES" or "NO" responses into the input device 28, which may include for example, an electronic keypad 29. However, in one embodiment of the invention, the input device may
10 also include a generic speech recognition device such as those made by International Business Machines (IBM), Dragon Systems, Inc. and other providers. Accordingly, the patient replies to the interrogations merely by speaking either "YES" or "NO" responses into the speech recognition input device.

In embodiments of the invention that include electronic display 31 as an
15 output device 30, the interrogations as well as the responses are displayed and/or scrolled across the display for the patient to read. Generally, the electronic display will be positioned such that it is viewable by the patient during the information exchanging process between the patient and the remote computer 32.

Upon uploading the information to the remote computer 32, the medical
20 professional caregiver may telephone the patient to discuss, clarify or validate any particular wellness parameter or physiological data point. Furthermore, the medical professional caregiver may update the list of wellness parameter questions listed in Table 5 from the remote site 62 over the two way communication network 34. Modifications are transmitted from the remote computer 32 via modem 35, over the
25 communication network 34, through modem 36 and to the monitoring apparatus 10. The modified query list is then stored in the memory 40 of the microprocessor system 24.

Two-Way Communication

30 FIG. 11 is presented in furtherance of the previous discussion regarding two-way communication between the patient monitoring apparatus and the central computer. FIG. 11 is a high-level depiction of the monitoring system, and may be

used as a starting point for a more detailed discussion of the two-way communication schemes.

As can be seen from FIG. 11, the system comprises a patient monitoring apparatus 1100 and a central computer 1102. The central computer 1102 is housed
5 within a facility 1104 that is located remote from the patient monitoring apparatus 1100. For example, the patient monitoring apparatus 1100 may be located in the home of an ambulatory patient 1105, while the central computer 1102 is located in a cardiac care facility 1104.

As described previously, the patient monitoring apparatus 1100 is composed
10 of a central processor unit 1106, which is in communication with an input device 1108, an output device 1110, and a sensor 1112. As also previously described the sensor 1112 may be a transducer used to convert a physiological measurement into a signal, such as an electrical signal or an optical signal. For example, the sensor 1112 may comprise a load cell configured with a strain gauge, arranged to determine the
15 patient's 1105 weight; the sensor 1112 would represent the patient's 1105 weight as an electrical signal.

As discussed previously, the output device 1110 may be used to prompt the patient 1105 with questions regarding the patient's wellness. The output device 1110 may consist of a visual display unit that displays the questions in a language of the
20 patient's 1105 choosing. Alternatively, the output device 1110 may consist of an audio output unit that vocalizes the questions. In one embodiment, the audio output unit 1110 may vocalize the questions in a language of the patient's 1105 choosing.

As discussed previously, the input device 1108 may be used to receive the patient's 1105 response to the questions posed to him/her 1105. The input device
25 1108 may consist of a keyboard/keypad, a set of buttons (such as a "yes" button and a "no" button), a touch-screen, a mouse, a voice digitization package, or a voice recognition package.

The patient monitoring apparatus 1100 communicates with the central computer 1102 via a network 1118; the patient monitoring apparatus 1100 uses a
30 communication device 1114 to modulate/demodulate a carrier signal for transmission via the network 1118, while the central computer uses a communication device 1116 for the same purpose. Examples of suitable

communication devices 1114 and 1116 include internal and external modems for transmission over a telephone network, network cards (such as an Ethernet card) for transmission over a local area network, a network card coupled to some form of modem (such as a DSL modem or a cable modem) for transmission over a wide area network (such as the Internet), or an RF transmitter for transmission to a wireless network.

A system composed as described above may be programmed to permit two-way communication between the central computer 1102 and the patient monitoring apparatus 1100. Two-way communication may permit the central computer 1102 to upload a customized set of questions or messages for presentation to a patient 1105 via the monitoring apparatus 1100. For example, in the case where the monitoring apparatus 1100 monitors the patient's 1105 weight, a sudden increase in weight following a high sodium meal might cause the health care provider to send a customized question for presentation to the patient 1105: "Did consume any salty food in the last 24 hours?" Such a customized question could be presented to the patient 1105 the next time the patient uses the monitoring apparatus 1100 or could be presented to the patient in real time (these options are discussed in greater detail, below). Additionally, a customized message may be scheduled for delivery at certain times (such as every Friday of the week—this is also discussed in greater detail, below). Further, these customized messages may be entered on the fly or selected from a list (this is also discussed in greater detail below).

FIG. 12 depicts a flow of operations that permits two-way communication between the central computer 1102 and the monitoring apparatus 1100. FIG. 12 presents a flow of interactions between the central computer 1102 and the monitoring apparatus 1100 on a first day (operation 1200-1210) and on a second day (1212-1222). In the discussion that follows, it will be assumed that the monitoring apparatus 1100 is formed as a scale that monitors a patient's weight, although this need not be the case. It is further assumed that the patient 1105 measures his/her weight on a daily basis (although, in principle, any frequency of measurement would operate within the bounds of this embodiment), after which a communication session is initiated between the central computer 1102 and the monitoring apparatus 1100.

On the first day, operation begins with the patient 1105 stepping on the scale, as shown in operation 1200; the patient's 1105 weight is measured, transduced, and stored by the central processing unit 1106. Next, in operation 1202, a memory device is accessed by the central processing unit 1106 for the purpose of retrieving a set of customized questions downloaded during the previous day. Each question is asked, in a one-by-one fashion, and a corresponding answer received from the patient 1105 via the input device 1108 is recorded (if the customized prompt is merely a statement, the statement is output to the patient and no answer is requested of the patient 1105). Next, in operation 1204, a communication session is initiated. The session may be initiated manually (for example, by the patient pushing a button); the session may be initiated automatically by the scale at a specific time of the day (such as at midnight, after the patient 1105 is assumed to have weighted himself/herself and recorded his/her answers to the customized wellness questions); the session may be initiated automatically by the scale upon the patient 1105 answering the final question; finally, the session may be initiated by the central computer 1102 at a specific time of the day (such as at midnight, after the patient 1105 is assumed to have weighted him/herself and recorded his/her answers to the customized wellness questions). During the communication session, customized questions to be asked to the patient 1105 the next day are downloaded by the monitoring apparatus 1100, as depicted in operation 1206. Additionally, the answers recorded in operation 1202 are uploaded to the central computer 1102, as depicted in operation 1208. Finally, in operation 1210, the communication session is terminated.

On the second day, the same set of operations takes place, with references to previous and future days now referring to "DAY 1" and "DAY 3," respectively: in operation 1214, the set of questions downloaded during the first day (in operation 1206) are asked, and the answers are recorded; similarly, in operation 1218, a set of customized questions to be asked on a third day are uploaded to the monitoring apparatus 1100.

Downloading operations (such as operations 1206 and 1218) and uploading operations (such as operation 1208 and 1220) may be influenced by the form of input device 1108 or output device 1110 chosen for use by the monitoring apparatus

1100. For example, if the output device 1110 is a visual display, then a set of data representing the text of the question is transmitted to the monitoring apparatus 1100 during the downloading operations 1206 and 1208. If, however, the output device 1110 is an audio output device, then a set of data representing a vocalization of the question may be transmitted to the monitoring apparatus 1100 during the downloading operations 1206 and 1208. In any case, the data being transmitted to the monitoring apparatus 1100 may be compressed for the sake of preservation of bandwidth. Similar considerations apply to the uploading operations 1208 and 1220, based upon the choice of input device 1108. If the input device 1108 is a set of buttons (for example, a "yes" button and a "no" button), then the data uploaded to the central computer 1102 is representative of the button that was pushed. If the input device 1108 is a voice digitization package, then the data uploaded to the central computer 1102 is representative of the digitized voice pattern from the patient 1105. As in the case of the downloading operations, the data being uploaded to the central computer 1102 may be compressed for the sake of preservation of bandwidth.

FIGs. 13, 14, and 15 depict other flows of operation for two-way communication between a central computer 1102 and a patient monitoring apparatus 1100. The considerations regarding the format of the data being uploaded and downloaded also apply to the schemes illustrated therein.

FIG. 13 depicts a flow of operations that permits two-way communication between the central computer 1102 and the monitoring apparatus 1100. FIG. 13 presents a flow of interactions between the central computer 1102 and the monitoring apparatus 1100 on a first day (operation 1300-1314) and on a second day (1316-1328). In the discussion that follows, it will be assumed that the monitoring apparatus 1100 is formed as a scale that monitors a patient's weight, although this need not be the case. It is further assumed that the patient 1105 measures his/her weight on a daily basis (although, in principle, any frequency of measurement would operate within the bounds of this embodiment).

On the first day, operation begins with a communication session between the central computer 1102 and the monitoring apparatus 1100 being initiated, as shown in operation 1300. During this communication session, a set of customized

questions to be asked to the patient 1105 later in the day are downloaded by the monitoring apparatus 1100, as depicted in operation 1302. Then, in operation 1304, the communication session is terminated. The communication session initiated in operation 1300 may be initiated by the monitoring apparatus. Additionally, the session may be initiated at a time of the day that justifies the assumption that any new customized questions would have already been entered for downloading by the monitoring device 1100. At some point in the day after the termination of the communication session, the patient 1105 weighs himself on the monitoring apparatus, as shown in operation 1306, and the weight is stored by the central processor unit 1106. Next, in operation 1308, a memory device is accessed by the central processing unit 1106 for the purpose of retrieving the set of customized questions downloaded earlier in the day during operation 1302. Each question is asked, in a one-by-one fashion, and a corresponding answer received from the patient 1105 via the input device 1108 is recorded. Next, in operation 1310, a communication session is initiated. As in the scheme depicted in FIG. 12, the session may be initiated manually or automatically. During this session, the answers recorded in operation 1308 are uploaded to the central computer 1102, as depicted in operation 1312. Finally, in operation 1314, the communication session is terminated.

As can be seen from FIG. 13, the set of operations performed on the second day (operations 1316-1328) are identical to the operations performed on the first day (operations 1300-1314).

FIG. 14 depicts another flow of operations that permits two-way communication between the central computer 1102 and the monitoring apparatus 1100. The flow of operations depicted in FIG. 14 is the same as that which is shown in FIG. 13, with minor exceptions. The flow depicted in FIG. 14 is arranged such that the central computer 1102 initiates the first communication session (in operation 1400), during which a set of customized questions are downloaded by the monitoring device; however, later in the day, the monitoring device 1100 initiates the second communication session (in operation 1410), during which the patient's 1105 weight and answers to the customized questions are transmitted to the central computer 1102. This scheme has the advantage of allowing the central computer

1102 to initiate the session during which the customized questions are uploaded to the monitoring apparatus 1100, thereby ensuring that the communication session occurs after the new questions have been entered by the health care provider (if the monitoring apparatus 1100 initiates the communication session, as in FIG. 13, the session may be initiated before the new questions are entered). Just as in the scheme depicted in FIG. 13, the scheme depicted in FIG. 14 employs the same set of operations from day to day.

FIG. 15 depicts a flow of operations that permits real-time two-way communication between the central computer 1102 and the monitoring apparatus 1100. In the discussion that follows, it will be assumed that the monitoring apparatus 1100 is formed as a scale that monitors a patient's weight, although this need not be the case. It is further assumed that the patient is free to weight himself/herself at any time during the day and that the measured weight will be stored. The scheme depicted in FIG. 15 permits the patient 1105 to initiate a communication session, during which the health care provider may, via the central computer, enter questions that are posed to the patient in real-time via the monitoring apparatus 1100. The communication session does not end until the health care provider indicates that it has no further questions to ask the patient. Thus, the health care provider may adapt its questions in real-time, based upon the answers received from the patient 1105.

Operation begins with a communication session between the central computer 1102 and the monitoring apparatus 1100 being initiated, as shown in operation 1500. Next, in operation 1502, the central computer 1102 generates a visual cue on its graphical user interface to indicate that a particular patient is logged in. A health care provider/operator at the central computer 1102 is thereby made aware of his/her opportunity to prompt the patient 1105 with customized questions in real-time. Subsequently, in operation 1504, the weight of the patient 1105 is uploaded to the central computer. As mentioned earlier, the patient 1105 is assumed to have weighed himself/herself at a point in the day prior to the initiation of the communication session in operation 1500. This permits the patient 1105 to consistently measure his/her weight at a given point in the day (perhaps immediately upon waking in the morning), yet answer questions regarding his/her symptoms at a

point later in the day, so that the patient 1105 has had a chance to judge his/her general feeling of health/illness before answering the questions. Of course, this is an optional feature of the invention and is not crucial. In operation 1506, a first customized question is uploaded to the monitoring apparatus. During operation 5 1506, a health care provider/operator may enter a question to be posed to the patient 1105; it is immediately transmitted to the monitoring apparatus 1100 and posed to the patient 1105. In operation 1508, the patient's answer is transmitted to the central computer 1102. Next, in operation 1510, the operator/health care provider at the central computer 1102 indicates whether or not any additional questions are pending. 10 If so, control is passed to operation 1506, and the additional questions are asked and answered. Otherwise, the communication session is terminated in operation 1512.

Scheduling of Questions and Presentation of Trending Data

FIG. 16 illustrates a scheme of asking customized questions and collecting 15 the answers thereto. As can be seen from FIG. 16, a set of customized questions may be downloaded to a monitoring device 1100 on DAY *N*. The customized questions will be asked to the patient 1105, and the answers recorded either later in the day on DAY *N* or on DAY *N*+1 (depending upon the particular 2-way scheme employed). The answers to the customized questions are retrieved by the central 20 computer 1102 on DAY *N*+1. The particular questions asked from day-to-day may vary, based upon instruction from the health care provider.

FIG. 17 illustrates a graphical user interface that may be used in conjunction with software running on the central computer 1102 for the purpose of scheduling the questions to be uploaded each day to the monitoring apparatus 1100 (as 25 illustrated by FIG. 16) for questioning of the patient 1105. As can be seen from FIG. 17, a message field 1700 is provided that permits an operator/health care provider to enter a customized message to be uploaded to the monitoring apparatus 1100. A start-date field 1702 and an end-date field 1704 define the period during which the questions are to be asked; a frequency field indicates 1706 the frequency 30 with which the question entered in field 1700 is to be asked. For example, if the message field 1700 contained the question "Did you remember to take your medication this week?", the start-date field 1702 contained "8/1/2001," the end-date

field 1704 contained "9/1/2001," and the frequency field 1706 contained "Friday," then the patient 1105 would be prompted with the question "Did you remember to take your medication this week?" on each Friday between 8/1/2001 and 9/1/2001.

An alert field 1708 permits an operator/health care provider to define an answer that, when provided by patient 1105, sends an alert to the health care provider. For example, in the case where the question was "Did you remember to take your medication this week?", the alert field 1708 may contain the answer "No," so that the health care provider would be alerted if the patient 1105 indicated that he/she had failed to take his/her medication during the week.

The data entered via the graphical user interface depicted in FIG. 17 is stored in a database. The data may be organized based upon dates for transmission to the monitoring device 1100, so that all of the questions to be uploaded to the monitoring device 1100 on a given day may be easily acquired. The data may be sorted other ways, as well. For example, the data may be sorted based upon which questions were asked on which days, so that a presentation of the questions posed to a patient on a given day (or set of days) and the corresponding answers thereto may be easily developed. A graphical user interface that provides such a presentation is depicted in FIG. 18.

FIG. 18 depicts a graphical user interface that presents all of the customized questions presented to a patient over a particular duration and all of the corresponding answers for each day. This sort of information is referred to as "trending data," because it permits a health care provider to quickly determine if a particular symptom began regularly exhibiting itself on a certain day, or if a particular symptom is randomly exhibited. As can be seen from FIG. 18, a message field 1800 is provided which presents a customized question that was asked during the timeframe indicated by the date bar 1801. Under each date presented in the date bar 1801 is an answer field 1802-1816, which presents the patient's 1105 answer to the question presented in the message field 1800. If a particular question was not asked on a given day, the graphical user interface may so indicate. For example, an answer field 1802-1816 may be grayed out on a particular day if the question was not asked, or an answer field may be highlighted on days in which the particular question was asked. As described earlier, the data used to populate fields 1800-1816

is retrieved from a database containing each of the questions asked on a given day and each of the corresponding answers.

Other reporting schemes and graphical user interfaces are taught in U.S. Application No. 09/399,041 filed on September 21, 1999, entitled "MEDICAL
5 WELLNESS PARAMETERS MANAGEMENT SYSTEM, APPARATUS AND METHOD," which is hereby incorporated by reference in its entirety.

Collapsible Scale/Carpet-Spike Pads

FIG. 19 depicts a collapsible scale 1900 with integrated carpet-spike pads, in
10 accordance with one embodiment of the present invention. As can be seen from FIG. 19, a collapsible scale 1900 is comprised of a base 1902, upon which a patient 1105 stands in order to weigh himself/herself. Perpendicular to the base 1902 is a support member 1904 which elevates a housing 1906 at about waist level. The housing 1906 may contain an input device, an output device, a processor, and a
15 communication device. The support member 1904 is coupled to the base 1902 via a hinge 1914. The hinge 1914 enables the support member 1904 to fold into a position approximately parallel (though not necessarily coplanar) with the base 1902, thereby permitting the scale 1900 to fit easily (and in one piece) into a box suitable for shipping. Another advantage of the collapsible embodiment is that it
20 relieves the patient 1105 of having to assemble the scale at his/her home.

The base 1902 may be composed of top plate 1908, upon which the patient 1105 stands, and a base plate 1910. The hinge 1914 may be coupled to the support member 1904 and the top plate 1908, so that if the patient leans upon the housing 1906, the force is conducted down the support member 1904, through the hinge 1914,
25 and to the top plate 1908, thereby preserving the validity of the weight measurement. Alternatively, the top plate 1908 may have member 1912 rigidly coupled thereto. In such a case, the hinge 1914 may be coupled between the support member 1904 and the rigidly coupled member 1912.

In one embodiment of the scale 1900, a plurality of carpet-spike pads 1916
30 are attached to the bottom of the base 1902. A carpet-spike pad 1926 is a disk with a plurality of spikes that protrude downwardly therefrom. The carpet-spike pads 1916 improve the stability of the scale 1900 upon carpet-like surfaces, thereby enhancing

the accuracy and repeatability of measurements taken therewith. The carpet-spike pads 1916 may be attached to the base 1902 by an adhesive, by force fit, or may be integrated into the base 1902 itself.

Thus, it will be appreciated that the previously described versions of
5 invention provide many advantages, including addressing the needs in the medical profession for an apparatus and method capable of monitoring and transmitting physiological and wellness parameters of ambulatory patients to a remote site whereby a medical professional caregiver can evaluate such physiological and wellness parameters and make decisions regarding the patient's treatment.

10 Also, it will be appreciated that the previously described versions of invention provide other advantages, including addressing the need for an apparatus for monitoring and transmitting such physiological and wellness parameters that is available in an easy to use portable integrated single unit.

Also, it will be appreciated that the previously described versions of the
15 invention provide still other advantages, including addressing the need for medical professional caregivers to monitor and manage the patient's condition to prevent the rehospitalization of the patient, and to prevent the patient's condition from deteriorating to the point where hospitalization may be required.

Although the invention has been described in considerable detail with
20 reference to certain preferred versions thereof, other versions are possible. For example a weight management and control apparatus. Therefore, the spirit and scope of the appended claims should not be limited to the description of the preferred versions contained herein.

The Claimed Invention Is:

1. A medical system for monitoring and managing one or more ambulatory patients on a computer and allowing a caregiver to review the ambulatory patients' wellness parameters to provide treatment in accordance with the wellness parameters, the medical system comprising:
- 5 a patient monitoring apparatus comprising
- a processing unit;
- a sensor, operably coupled with the processing unit, the sensor detecting at least one physiological parameter of the patient;
- 10 an output device, operably coupled with the processing unit, the output device prompting the patient with at least one question;
- an input device, operably coupled with the processing unit, the input device permitting the patient to respond to the at least one question;
- a first communication device operably coupled to the processing unit;
- 15 a central computer located remote from the patient monitoring apparatus and in communication therewith;
- a second communication device operably coupled with the central computer;
- wherein, the central computer is programmed with a set of instructions for cooperating with the second communication device to
- 20 transmit to the first communication device of the patient monitoring apparatus the at least one question used for prompting the patient;
- receive from the first communication device of the patient monitoring system at least one response to the at least one question and the at least one physiological parameter;
- 25 wherein the processing unit of the patient monitoring apparatus is programmed with a set of instructions for cooperating with the first communication device to
- receive the at least one question from the central computer;
- prompt the patient with the at least one question via the output
- 30 device;
- receive at least one response to the at least one question via the input device; and

transmit the at least one response and the at least one physiological parameter to the central computer via the first communication device.

2. The medical system of claim 1, wherein the sensor comprises a scale
5 that detects the weight of the patient.

3. The medical system of claim 1, wherein the output device comprises a visual display unit.

10 4. The medical system of claim 3, wherein the processing unit is programmed to cooperate with the visual display unit to display the one or more questions in a language selected from a plurality of languages.

5. The medical system of claim 1, wherein the output device comprises
15 an audio output unit that vocalizes the one or more questions.

6. The medical system of claim 5, wherein the processing unit is programmed to cooperate with the audio output unit to vocalize the one or more questions in a language selected from a plurality of languages.

20 7. The medical system of claim 1, wherein the processing unit is further programmed to:

periodically initiate a communication session with the central computer;
receive from the central computer at least one question to be used for
25 prompting the patient after the communication session has been terminated; and
transmit to the central computer at least one response entered by the patient prior to the initiation of the communication session.

8. The medical system of claim 7, wherein the processing unit is
30 programmed to:
initiate the communication session with the central computer at least once per day.

9. The medical system of claim 7, wherein the processing unit is programmed to:

initiate the communication session at the command of the patient.

5

10. The medical system of claim 1, wherein the processing unit is further programmed to:

initiate a first communication session with the central computer, during which the processing unit receives from the central computer at least one question to be used for prompting the patient after the first communication session has been terminated;

terminate the first communication session;
measure at least one physiological parameter of the patient;
prompt the patient with the at least one question;
store at least one response to the at least one question; and

15

initiate a second communication session with the central computer, during which the processing unit transmits to the central computer the at least one physiological parameter and the at least one response.

11. The medical system of claim 10, wherein the second communication session is initiated at the command of the patient.

20

12. The medical system of claim 11, wherein the first communication session is initiated automatically.

25

13. The medical system of claim 1, wherein the central computer is further programmed to:

initiate a first communication session with the processing unit, during which the central computer transmits at least one question with which the processing unit is to prompt the patient;

30

terminate the first communication session; and

wherein the processing unit is further programmed to initiate a second communication session, during which the processing unit transmits to the central computer the at least one physiological parameter and the at least one response.

5 14. The medical system of claim 1, wherein the central computer is further programmed to:

 permit the caregiver to select at least one question from a set of questions for transmission to the processing unit.

10 15. The medical system of claim 1, wherein the central computer is further programmed to:

 permit the caregiver to enter at least one question for transmission to the processing unit.

15 16. The medical system of claim 1, wherein the central computer is further programmed to:

 permit the caregiver to define an alert condition, wherein the caregiver is notified by the central computer in the event that the at least one response to the at least one question satisfies the alert condition.

20

 17. The medical system of claim 1, wherein the central computer and the processing unit of the patient monitoring apparatus are programmed to cooperate in establishing a communication session, during which:

 the at least one question is transmitted from the central computer to patient
25 monitoring system;

 the patient is prompted with the at least one question; and

 at least one response to the at least one question is transmitted from the patient monitoring system to the central computer.

30

18. The medical system of claim 1, wherein the central computer is further programmed to:

provide an indication that a communication session with the patient monitoring apparatus is in progress.

5

19. The medical system of claim 1, wherein the central computer is further programmed to:

transmit to the patient monitoring apparatus a set of data that is an audio representation of the at least one question.

10

20. The medical system of claim 19, wherein the central computer is further programmed to:

transmit to the patient monitoring apparatus a set of data that is a textual representation of the at least one question.

15

21. The medical system of claim 1, wherein the central computer is further programmed to:

cooperate with a transducer to record a vocalization of the at least one question and represent the recording as a set of data; and

20 transmit the set of data to the patient monitoring apparatus.

22. A method of monitoring and managing one or more ambulatory patients on a computer and allowing a caregiver to review the ambulatory patients' wellness parameters to provide treatment in accordance with the wellness

25 parameters, the method comprising:

receiving from a remote central computer at least one question to be used to prompt the patient;

measuring at least one physiological parameter;

storing the at least one measured physiological parameter;

30 prompting the patient with the at least one question; and

storing the patient's at least one answer to the at least one question.

23. The method of claim 22, further comprising:
transmitting the physiological parameter and the at least one answer to the
remote central computer
- 5 24. The method of claim 22, wherein measuring at least one
physiological parameter comprises measuring the weight of the patient.
25. A computerized method of providing health care to one or more
ambulatory patients, the method comprising:
10 using a computer to transmit to a remote patient monitoring apparatus at least
one question used for prompting the patient;
using a computer to receive from the remote patient monitoring apparatus at
least one response to the at least one question;
using a computer to receive from the remote patient monitoring apparatus at
15 least one physiological parameter related to the patient; and
based at least in part upon the at least one response and the at least one
physiological parameter, providing a medical treatment.
26. A computerized method of monitoring and managing one or more
20 ambulatory patients on a computer and allowing a caregiver to review the
ambulatory patients' wellness parameters to provide treatment in accordance with the
wellness parameters, the method comprising:
on each of a first set of days, transmitting to a remote patient monitoring
apparatus at least one question used for prompting the patient;
25 on each of a second set of days, receiving from the remote patient monitoring
apparatus at least one response to the at least one question; and
on each of the second set of days, receiving from the remote patient
monitoring apparatus at least one physiological parameter related to the patient.
- 30 27. The method of claim 26, further comprising:
providing a user interface to permit the caregiver to define the first set of
days.

28. The method of claim 27, further comprising:
displaying, for each of the second set of days, the at least one response to the
at least one question, thereby displaying a set of trend data.

5

29. The method of claim 26, further comprising:
defining an alert condition, wherein the caregiver is notified in the event that
the at least one response to the at least one question satisfies the alert condition.

10 30. The method of claim 26, further comprising:
providing an indication that a communication session with the patient
monitoring apparatus is in progress.

15 31. A medical system for monitoring and managing one or more
ambulatory patients on a computer and allowing a caregiver to review the
ambulatory patients' wellness parameters to provide treatment in accordance with the
wellness parameters, the medical system comprising:

a patient monitoring apparatus comprising

a processing unit;

20 a sensor, operably coupled with the processing unit, the sensor
detecting at least one physiological parameter of the patient;

an output device, operably coupled with the processing unit, the
output device prompting the patient with at least one question;

25 an input device, operably coupled with the processing unit, the input
device permitting the patient to respond to the at least one question;

a first communication device operably coupled to the processing unit;

a central computer located remote from the patient monitoring apparatus and
in communication therewith;

a second communication device operably coupled with the central computer;

30 wherein, the central computer is programmed with a set of instructions for
cooperating with the second communication device to

initiate a communication session, in which at least one question used for prompting the patient is transmitted to the first communication device.

32. A system for monitoring an ambulatory patient and establishing
5 communication to a caregiver regarding the wellness parameters of such an ambulatory patient between a first location and a remote central office location, said system comprising:

a monitoring apparatus at said first location comprising:

- 10 (a) a physiological parameter transducing device, said device generating an electronic signal representative of the value of the physiological parameter being monitored;
- (b) a central processor device, said central processor operatively coupled to said parameter transducing device and processing said physiological parameter electronic signals;
- 15 (c) an electronic receiver/transmitter communication device, said communication device having one end operatively coupled to said processor and another end operatively coupled to a communication network;
- (d) an output device operatively coupled to said processor
20 and providing a series of queries to the ambulatory patient, each query of the series of queries is representative of symptoms the ambulatory patient may be experiencing;
- (e) an input device operatively coupled to said processor
25 and configured to receive and digitize vocalized inputs from the ambulatory patient in response to the series of queries;

a processing computer at a remote central office location in
communication with said remote monitoring apparatus for exchanging information
with said monitoring apparatus wherein the processor receives the electronic signal
generated by the transducing device and the digitized vocalized inputs from the input
30 device.

33. An apparatus for monitoring an ambulatory patient's wellness parameters and communicating the wellness parameters to a caregiver, said apparatus comprising:

- 5 (a) a physiological parameter transducing device, said device generating an electronic signal representative of the value of the physiological parameter being monitored;
- (b) a central processor device, said central processor operatively coupled to said parameter transducing device and processing said physiological parameter electronic signals;
- 10 (c) an electronic receiver/transmitter communication device, said communication device having one end operatively coupled to said processor and another end operatively coupled to a communication network;
- (d) an output device operatively coupled to said processor and providing a series of queries to the ambulatory patient, each query of the series of queries is
15 representative of symptoms the ambulatory patient may be experiencing;
- (e) an input device operatively coupled to said processor and configured to receive inputs from the ambulatory patient in response to the series of queries;
- (f) a base, said base including said physiological parameter transducing device;
- 20 (g) a support member, said support member having a first end connected to said base and a second end connected to said housing; and
- (h) a hinge coupled to said support member and to said base, thereby permitting support member to fold into a position approximately parallel to said base.

25

34. The apparatus of claim 33, wherein the base is comprised of a top plate and a base plate, and wherein said hinge is coupled to said top plate and to said support member.

30

35. The apparatus of claim 33, wherein the transducing device measures weight.

36. The apparatus of claim 35, wherein the transducing device is configured and arranged, such that, when the base is supported by a rigid surface, a plurality of measurements of a given weight results in a set of measurements characterized by a largest measurement and a smallest measurement, wherein the
5 difference between the largest measurement and the smallest measurement is no more than 0.4 pounds.

37. The apparatus of claim 36, wherein the transducing device is configured and arranged, such that, when the base is supported by a rigid surface, a
10 plurality of measurements of a given weight results in a set of measurements characterized by a largest measurement and a smallest measurement, wherein the difference between the largest measurement and the smallest measurement is no more than 0.2 pounds.

38. The apparatus of claim 35, wherein a plurality of carpet-spike pads are attached to a bottom surface of the base, thereby providing the base with better
15 stability on carpet-like surfaces.

39. The apparatus of claim 38, wherein the carpet-spike pads are attached
20 to the base by an adhesive.

40. The apparatus of claim 38, wherein the carpet-spike pads are attached to the base by a force fit.

41. The apparatus of claim 38, wherein the carpet-spike pads are
25 integrated into a bottom surface of the base.

42. The apparatus of claim 33, wherein the base comprises a plate upon which the patient stands, and wherein the hinge is coupled to said plate upon which
30 the patient stands and to said support member.

43. An apparatus for monitoring an ambulatory patient's wellness parameters and communicating the wellness parameters to a caregiver, said apparatus comprising:

(a) a physiological parameter transducing device, said device generating an electronic signal representative of the value of the physiological parameter being monitored;

(b) a central processor device, said central processor operatively coupled to said parameter transducing device and processing said physiological parameter electronic signals;

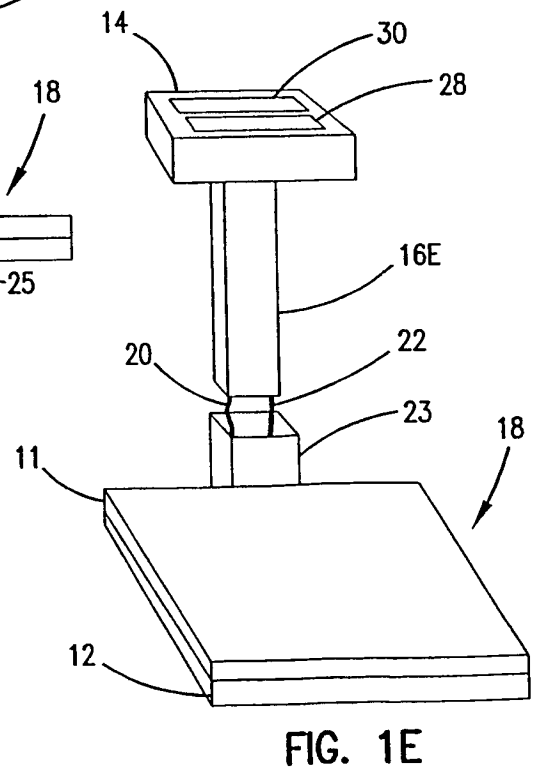
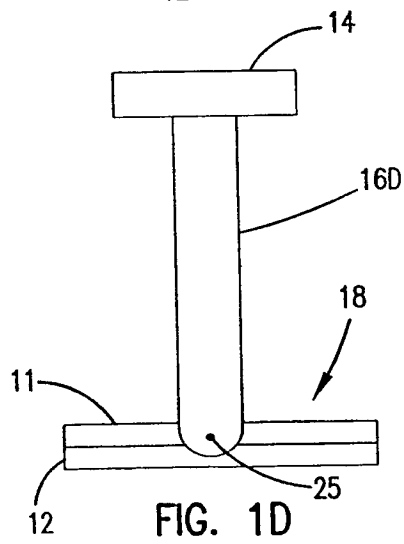
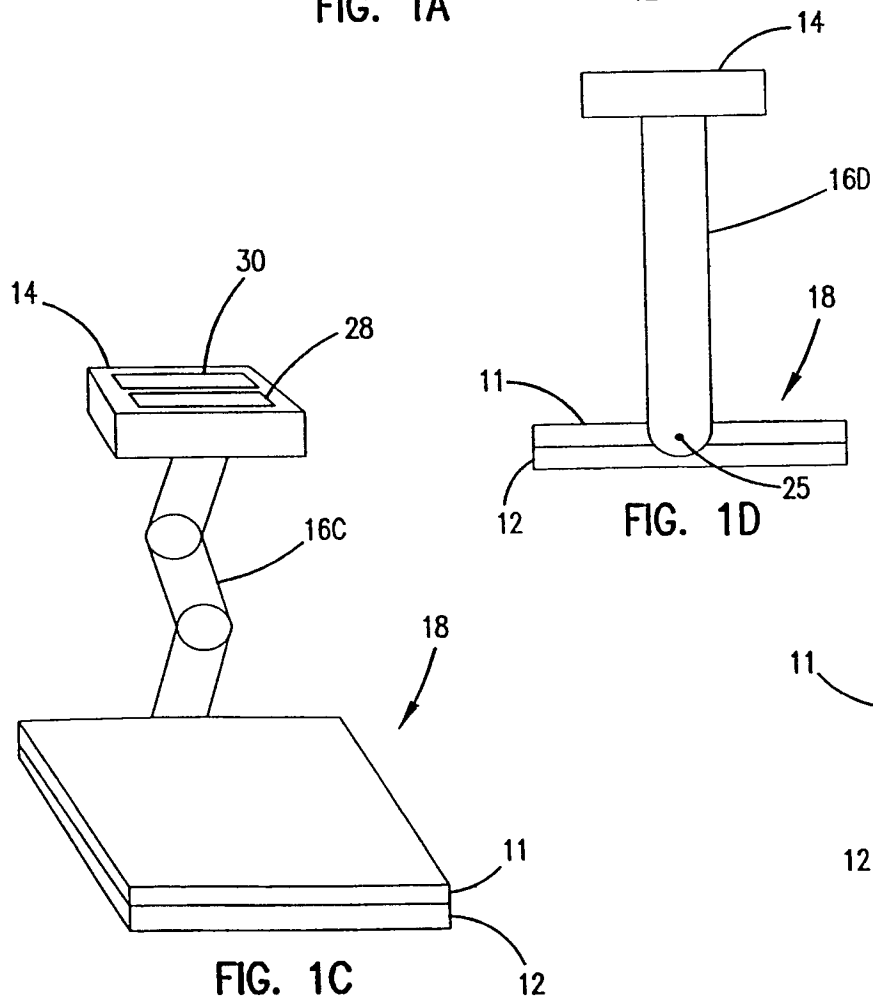
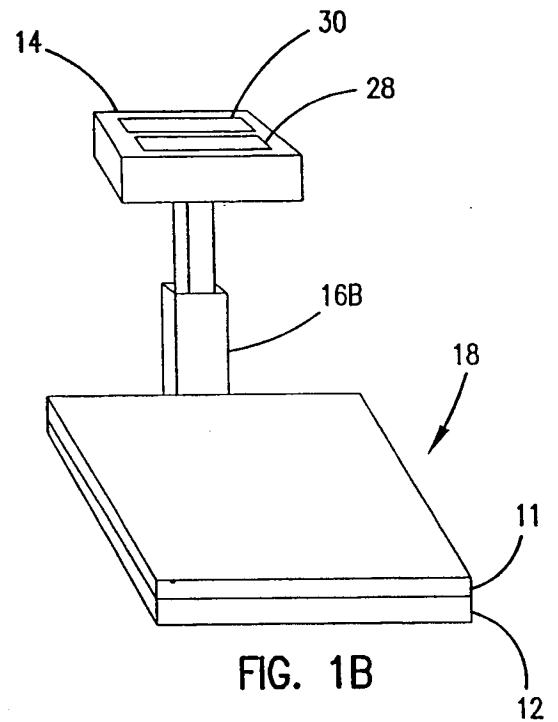
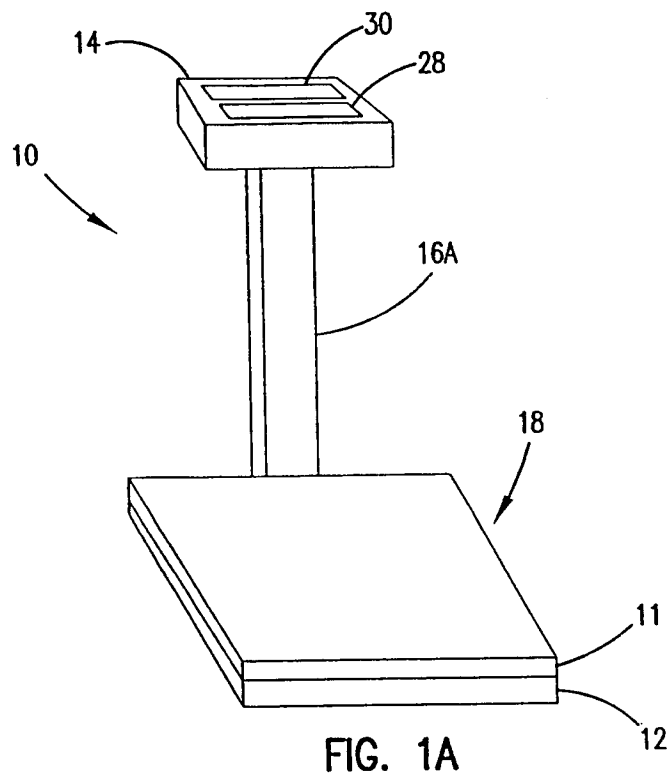
(c) an electronic receiver/transmitter communication device, said communication device having one end operatively coupled to said processor and another end operatively coupled to a communication network;

(d) an output device operatively coupled to said processor and providing a series of queries to the ambulatory patient, each query of the series of queries is representative of symptoms the ambulatory patient may be experiencing;

(e) an input device operatively coupled to said processor and configured to receive inputs from the ambulatory patient in response to the series of queries;

(f) wherein the transducing device measures the patient's weight, and wherein the transducing device is configured and arranged, such that, when the apparatus is supported by a rigid surface, a plurality of measurements of a given weight results in a set of measurements characterized by a largest measurement and a smallest measurement, wherein the difference between the largest measurement and the smallest measurement is no more than 0.4 pounds.

44. The apparatus of claim 43, wherein the transducing device is configured and arranged, such that, when the apparatus is supported by a rigid surface, a plurality of measurements of a given weight results in a set of measurements characterized by a largest measurement and a smallest measurement, wherein the difference between the largest measurement and the smallest measurement is no more than 0.2 pounds.



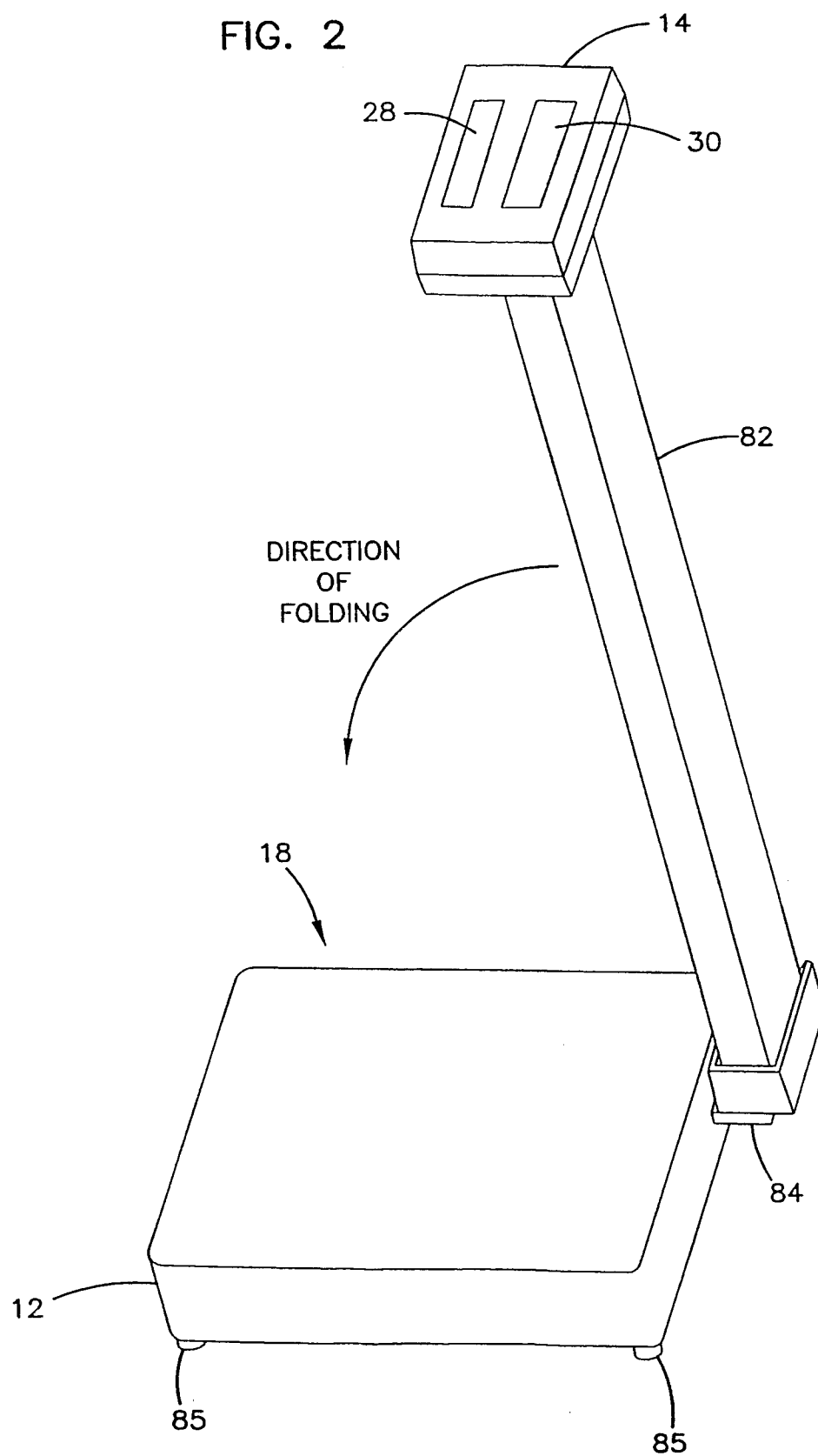


FIG. 3

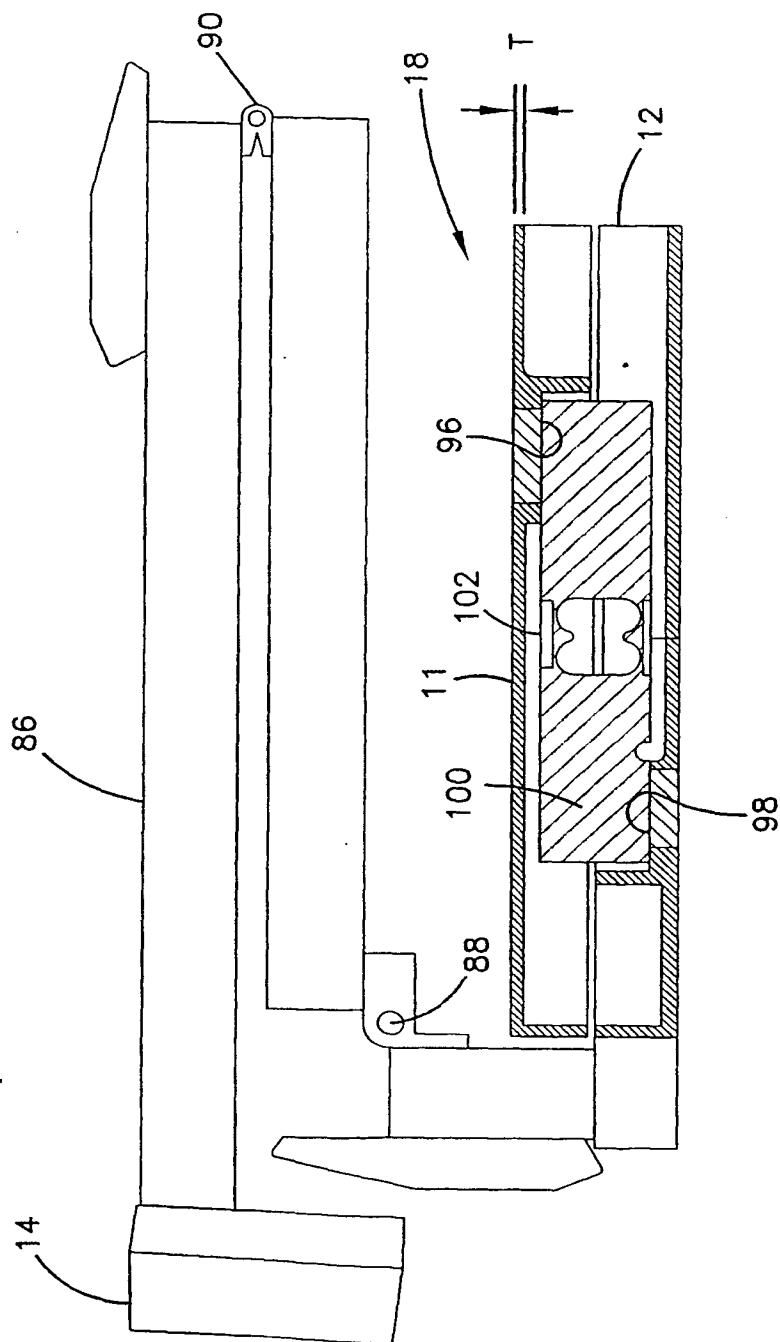


FIG. 4

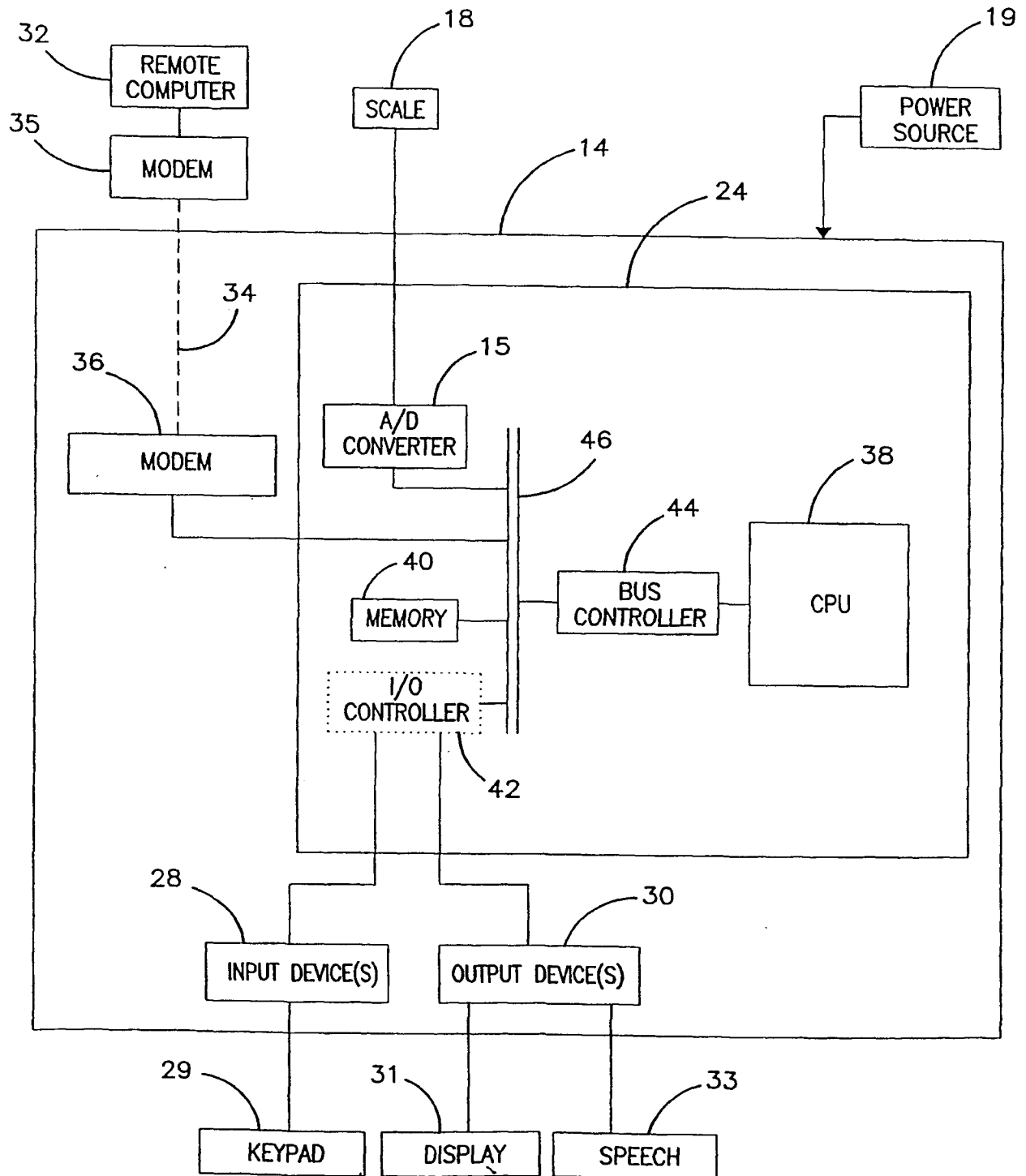


FIG. 5

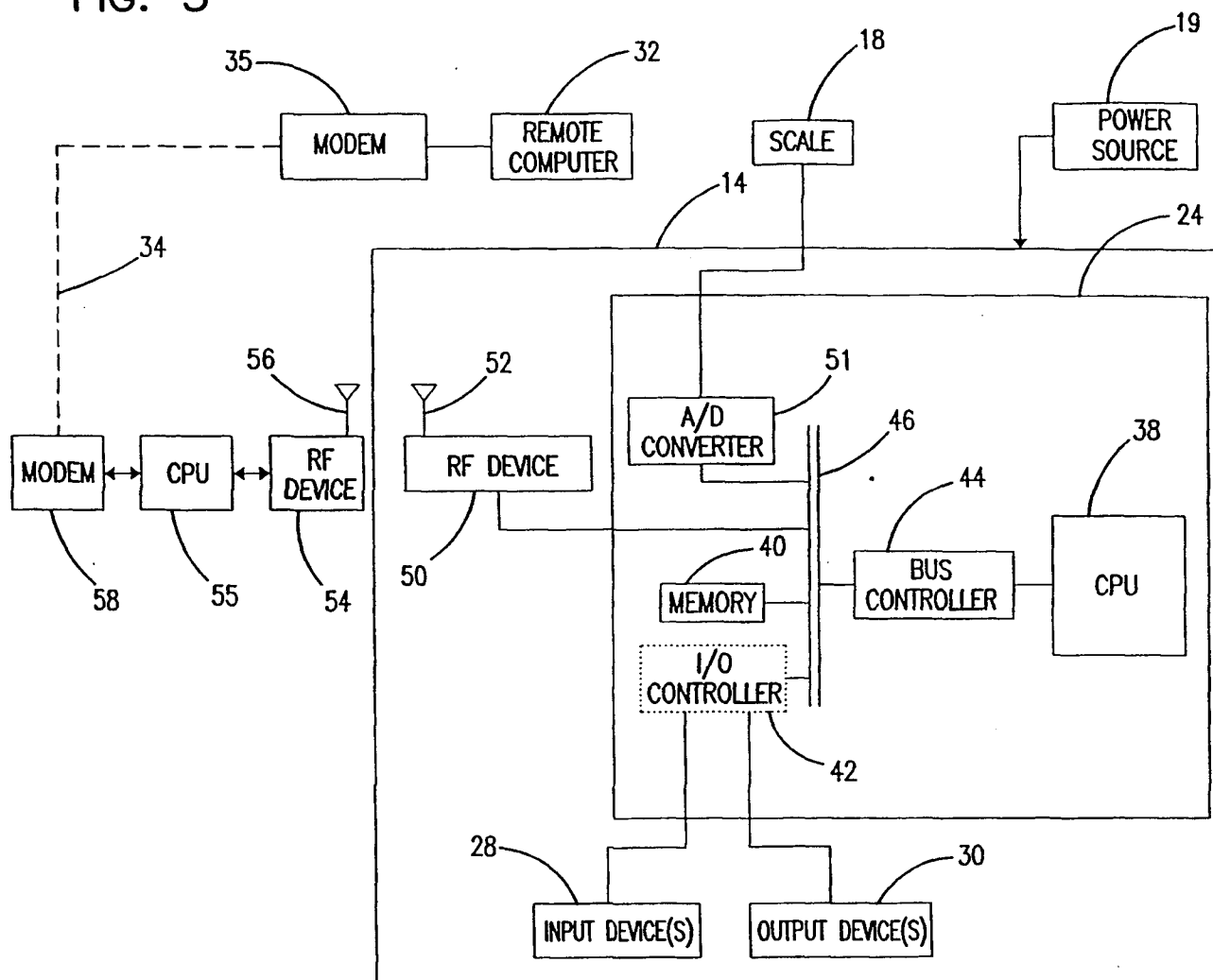


FIG. 6

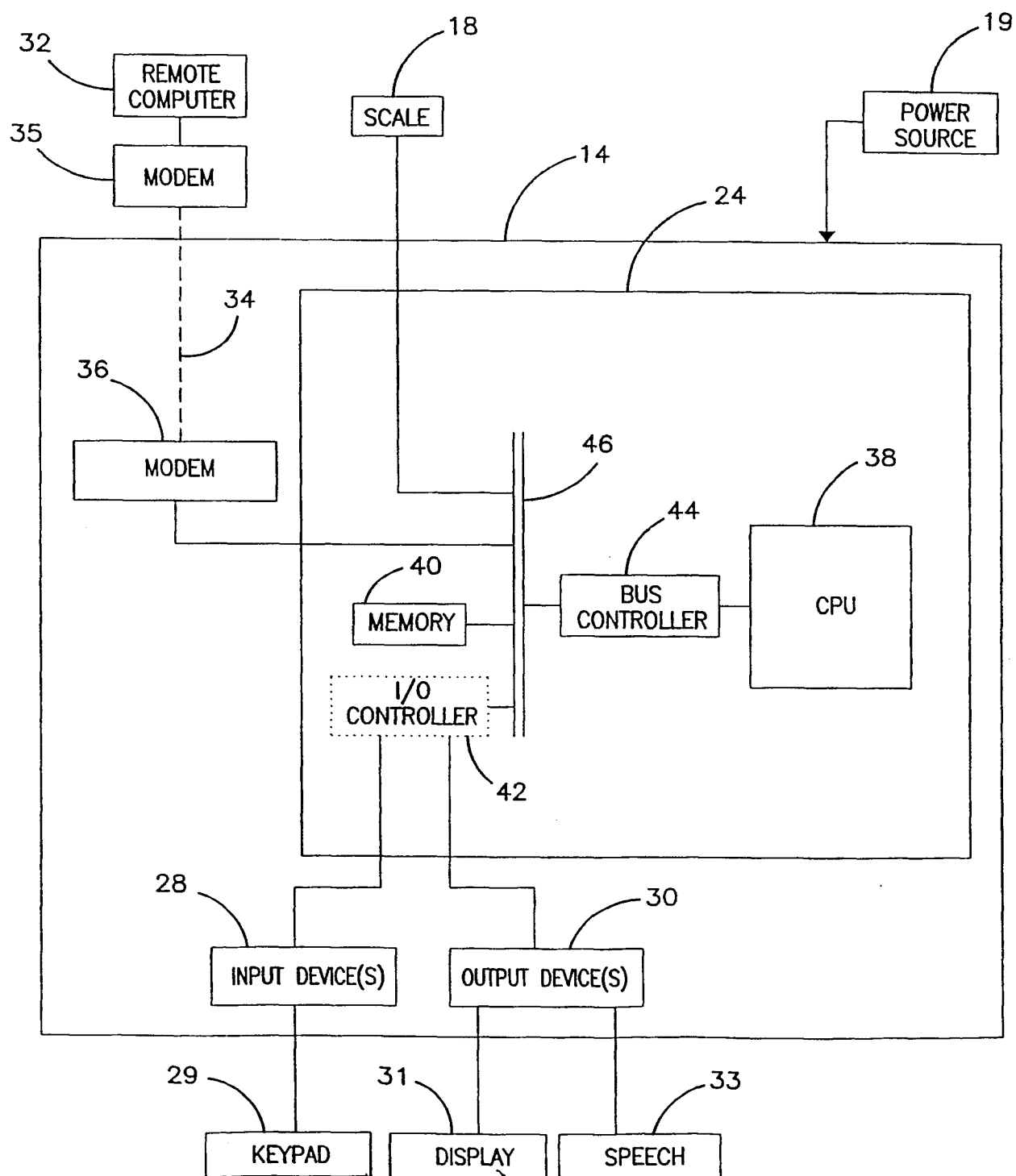


FIG. 7

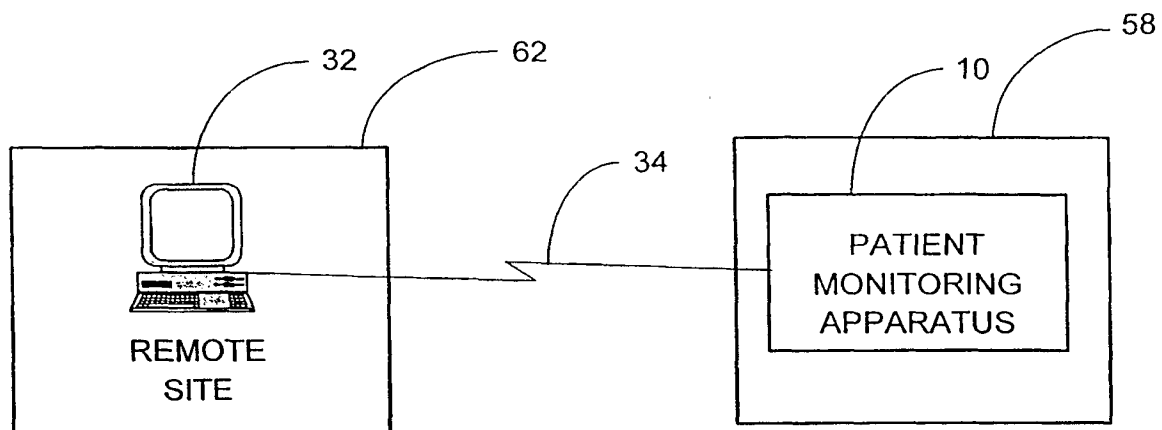
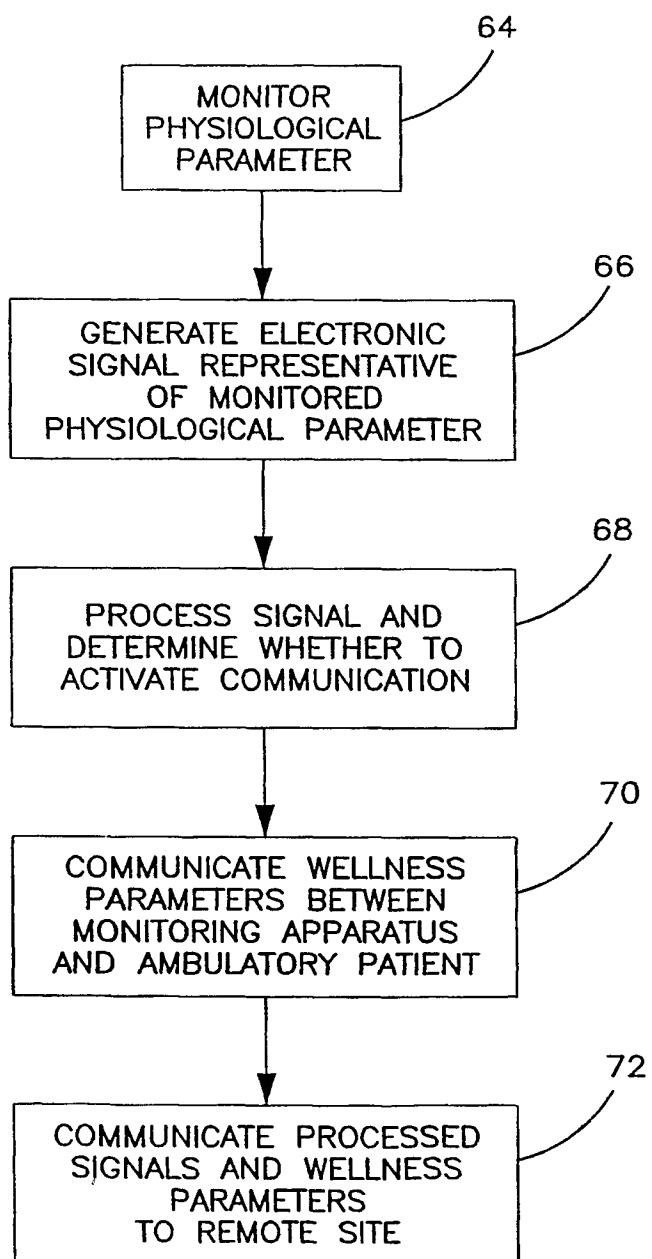
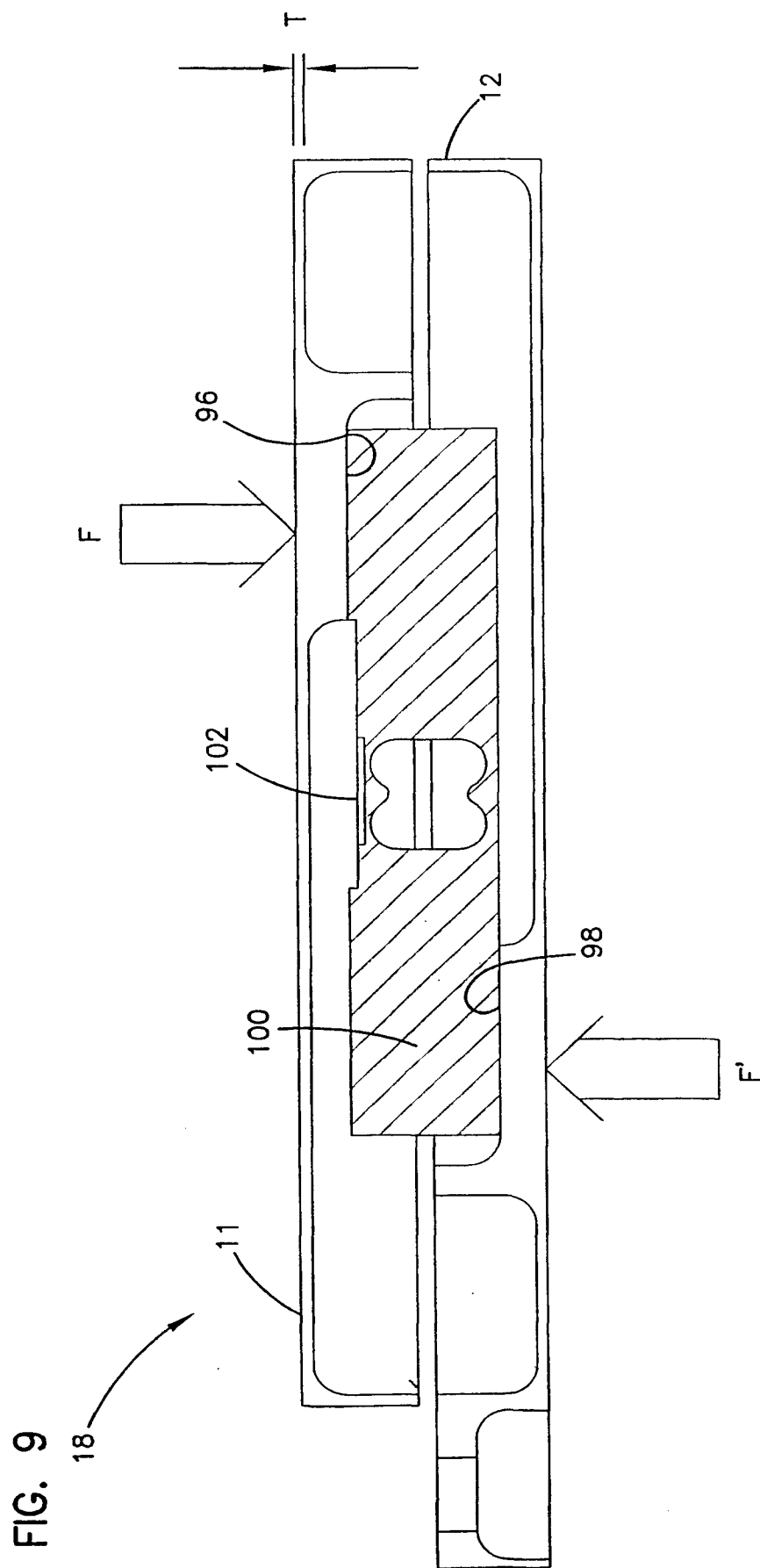


FIG. 8





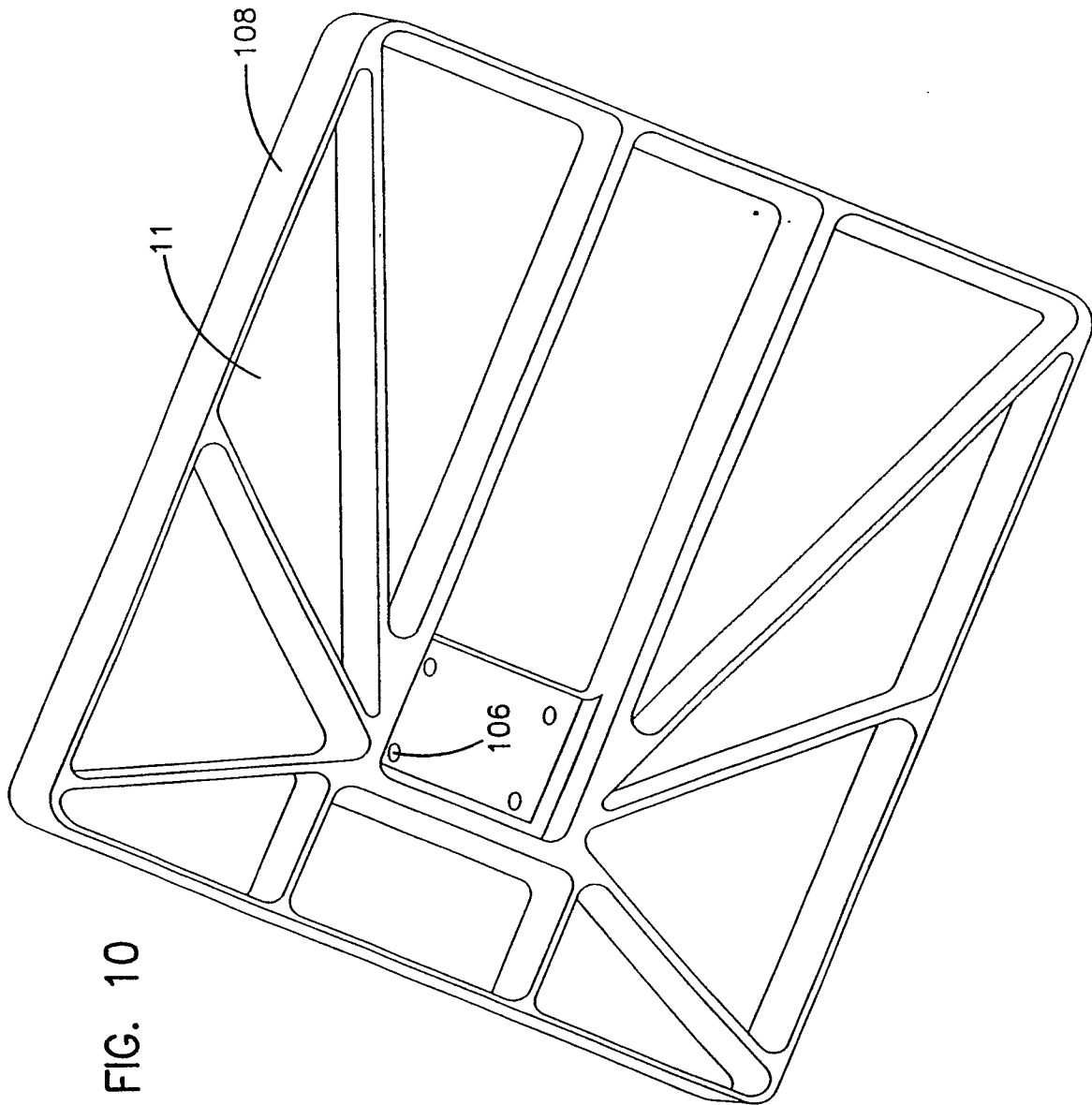


FIG. 10

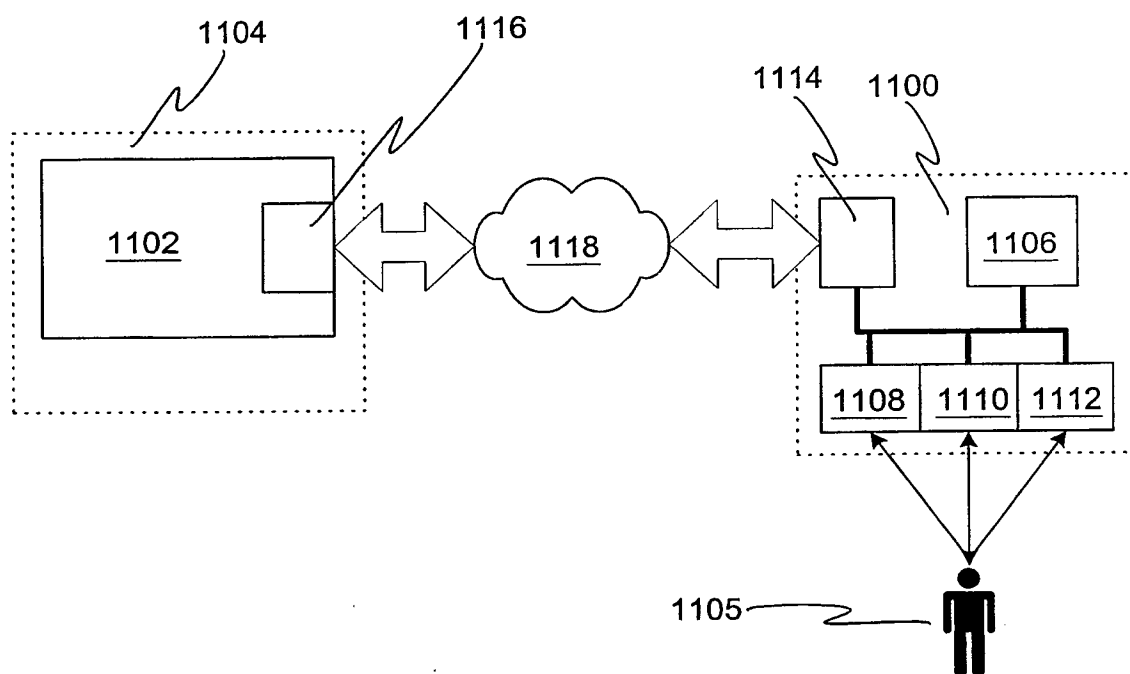


FIG. 11

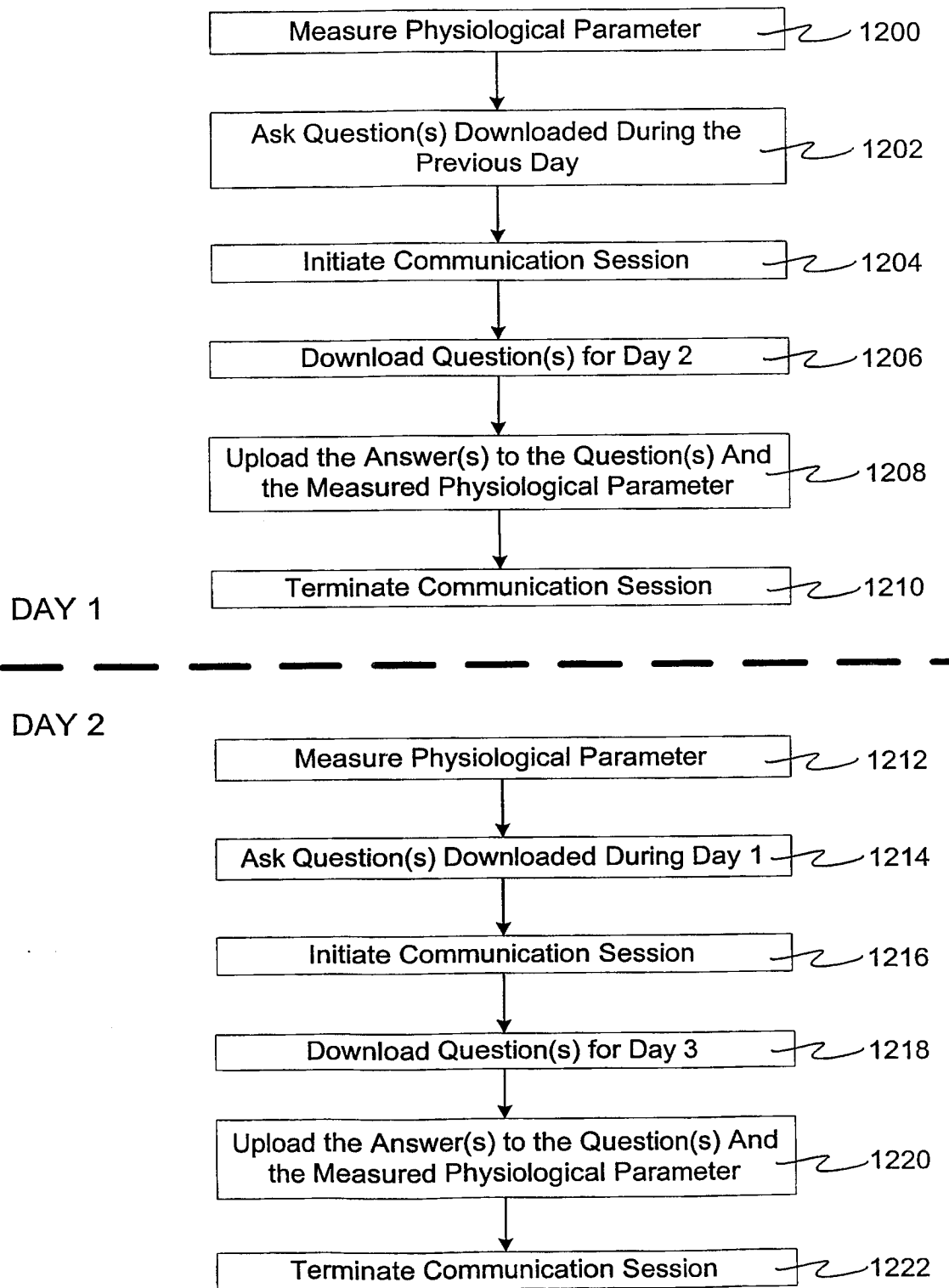


FIG. 12

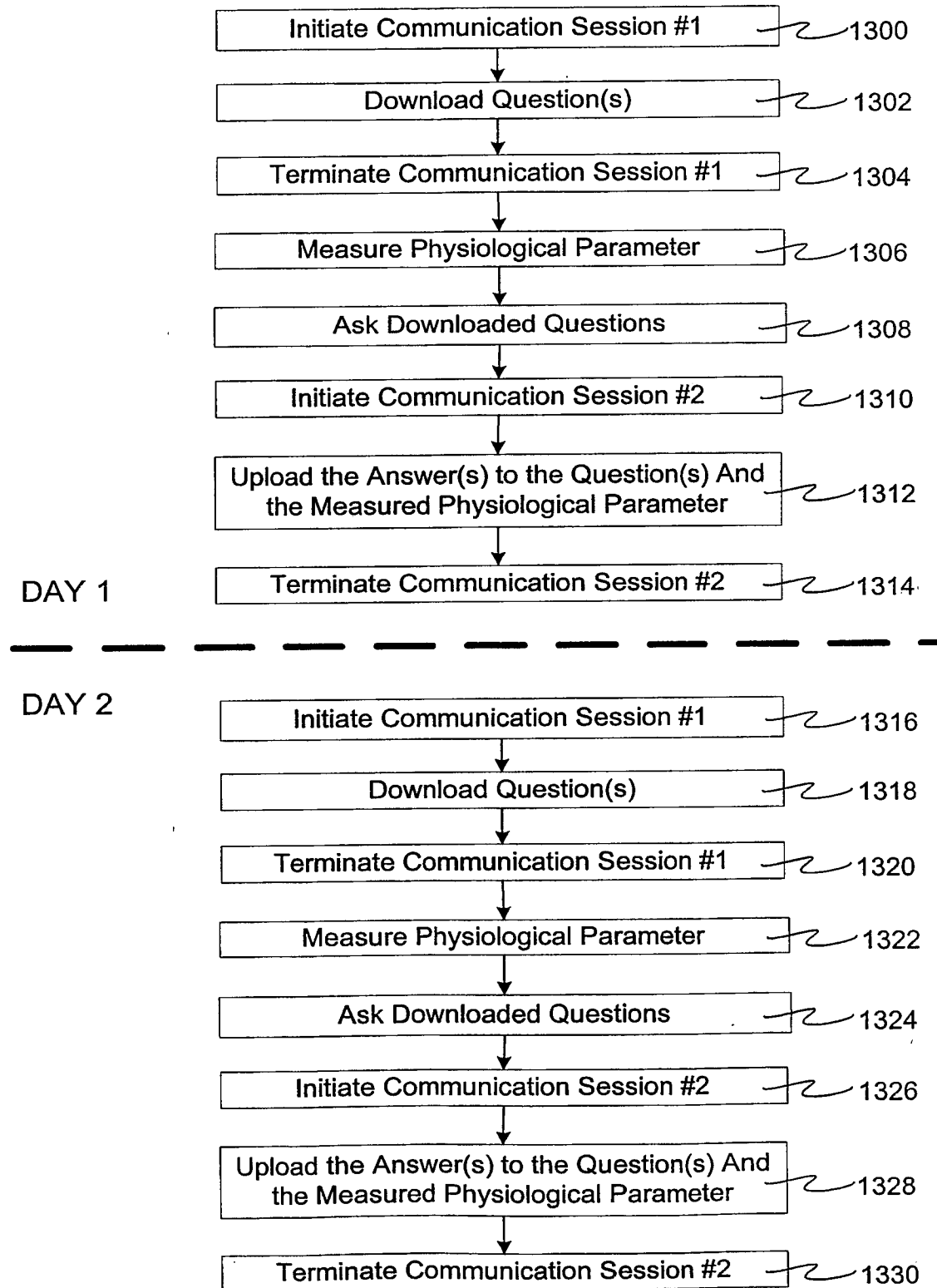


FIG. 13

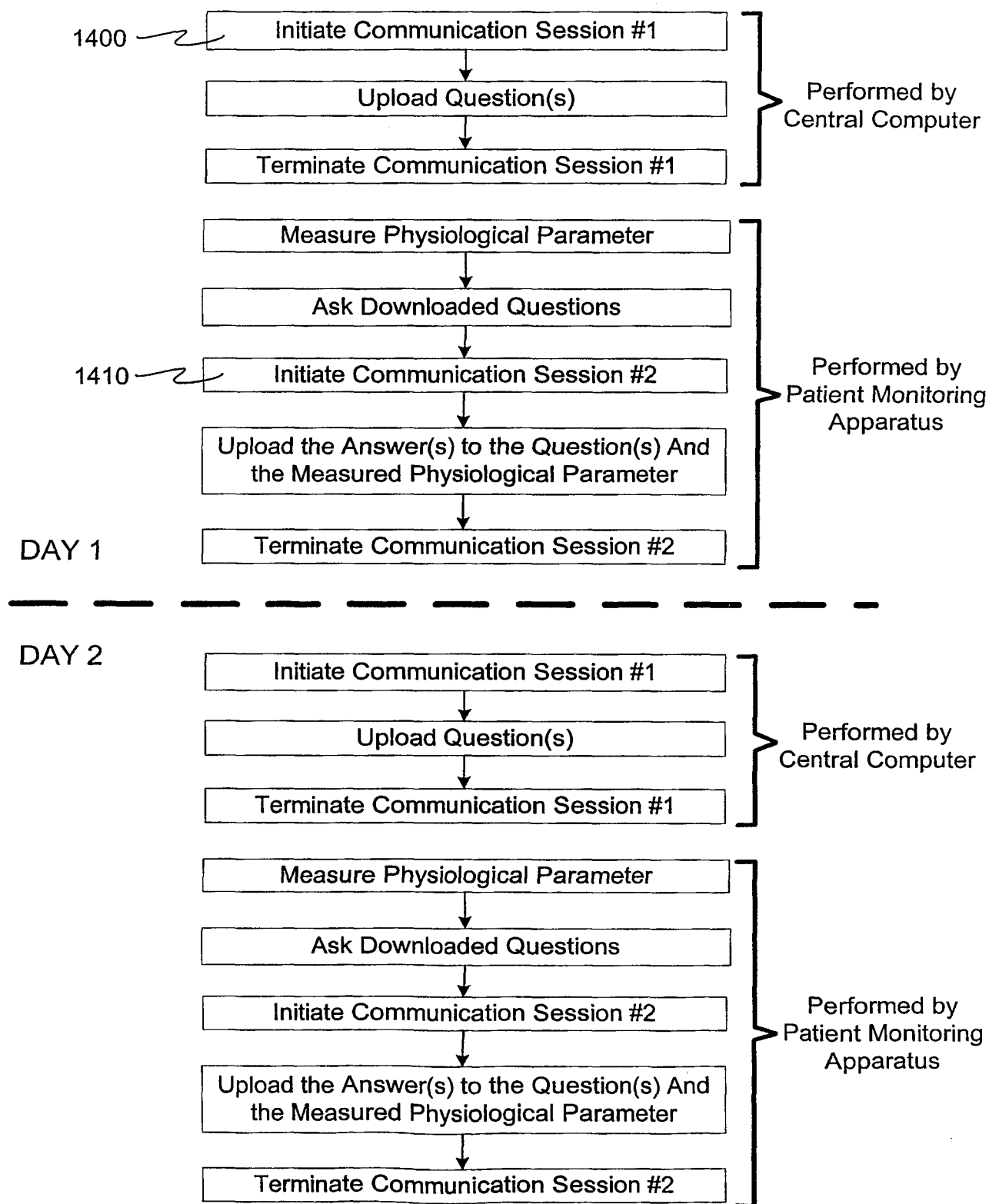


FIG. 14

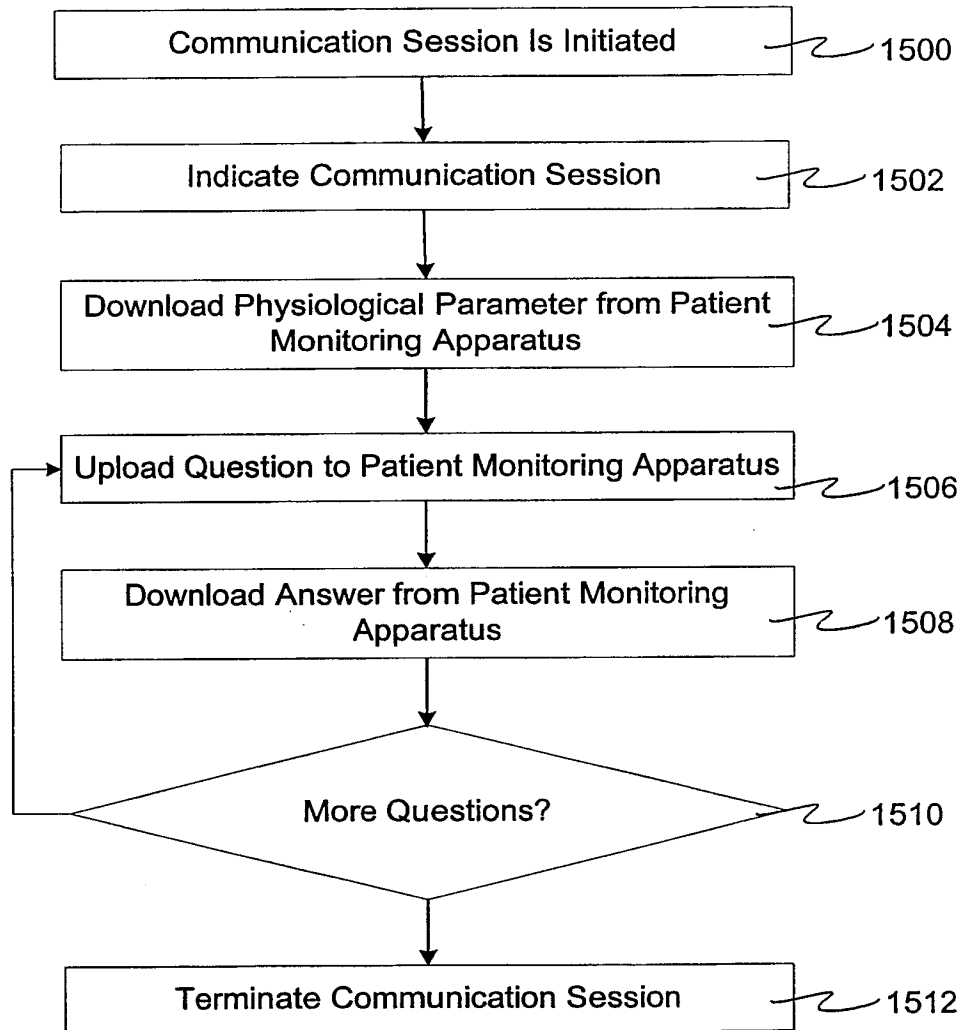


FIG. 15

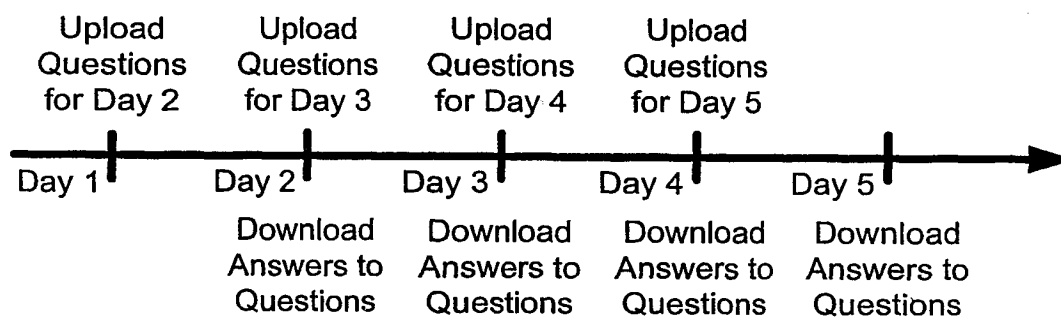


FIG. 16

Cardiacom Cardiovisor

Scheduled 2 - Way Messaging for Diamond, Janet

Health Check 2 - Way Messaging Telescale View

☐ Scheduler ☒ Scheduler ☐ Display Yesterday Tuesday

☐ Daily Response ☐ Daily Response ☐ Display Today Wednesday

☐ Trended Response ☐ Trended Response ☐ Display Tomorrow Thursday

New Message

2-Way Message	Start Date	End Date	Frequency	Alert When
1700	1702	1704	1706	1708

FIG. 17

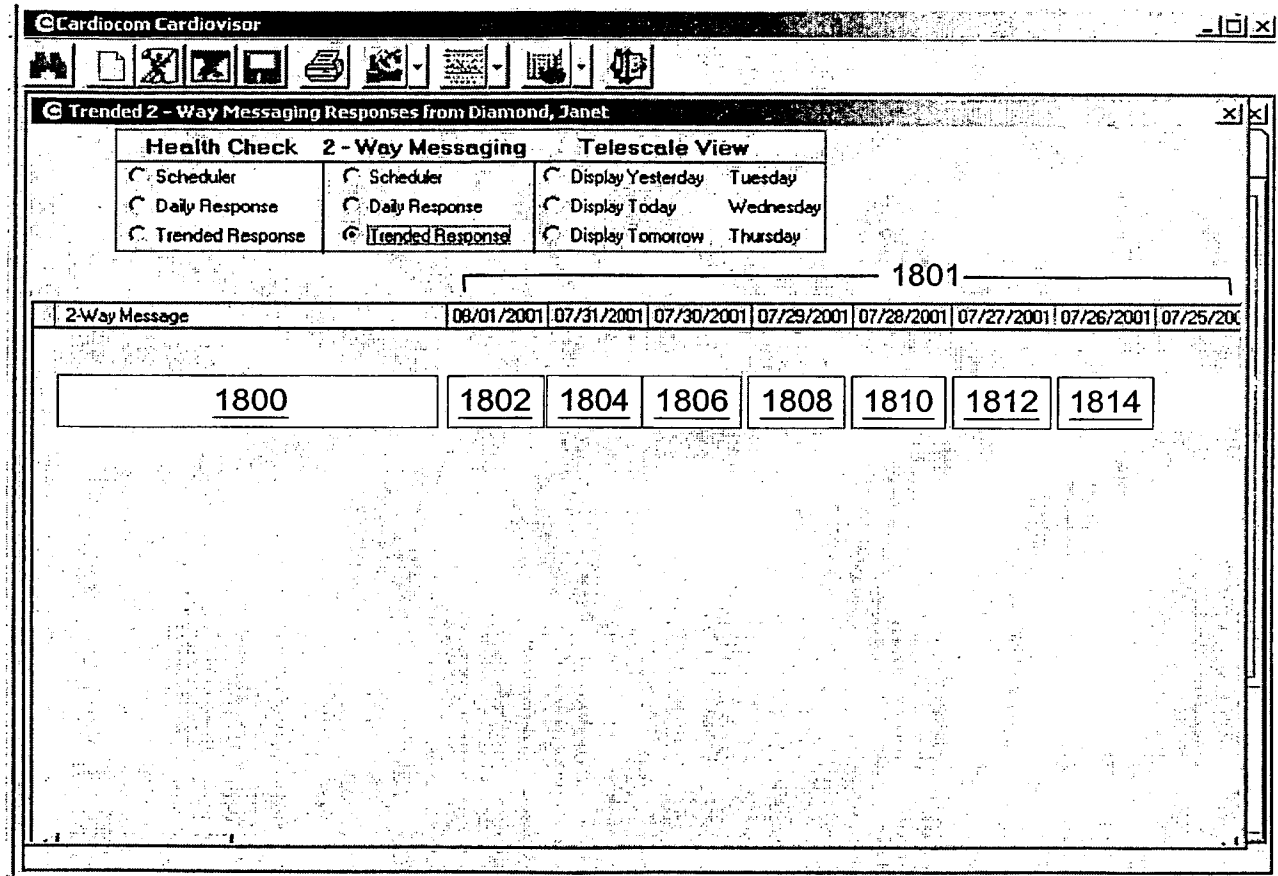


FIG. 18

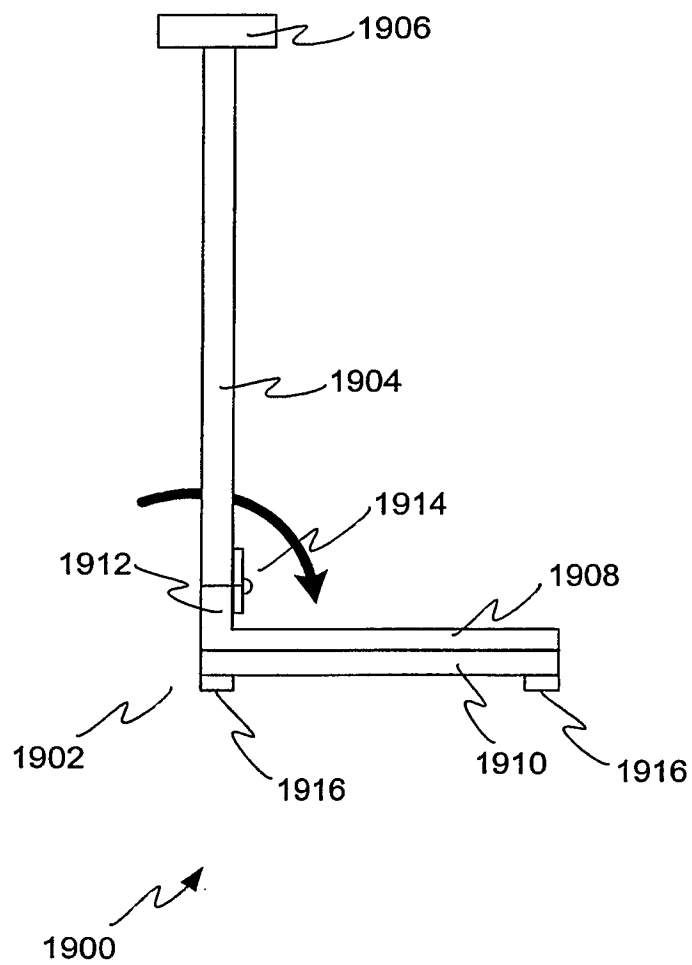


FIG. 19

INTERNATIONAL SEARCH REPORT

International application No.

PCT/US02/28465

A. CLASSIFICATION OF SUBJECT MATTER

IPC(7) : A61B 5/00
US CL : 600/300

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)
U.S. : 600/300-301; 705/2-4; 128/903-905, 920-925;

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched
NONE

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)
West 2.1

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X, P	US 6,290,646 B1 (COSENTINO et al.) 18 September 2001, see entire document	1-44
X	US 6,080,106 A (LLOYD et al.) 27 June 2000, see entire document	1-3, 5, 7-21, 31-32
---		-----
Y		4, 6
Y	US 6,085,162 A (CHERNY) 04 July 2000, see entire document	4, 6
X	US 6,022,315 A (ILIFF) 08 February 2000, see entire document	1, 22, 26, 31, 32, 33, 43

☐ Further documents are listed in the continuation of Box C.

☐ See patent family annex.

* Special categories of cited documents:

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"O" document referring to an oral disclosure, use, exhibition or other means

"P" document published prior to the international filing date but later than the priority date claimed

"T"

later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention

"X"

document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone

"Y"

document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art

"&"

document member of the same patent family

Date of the actual completion of the international search

12 October 2002 (12.10.2002)

Date of mailing of the international search report

10 DEC 2002

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